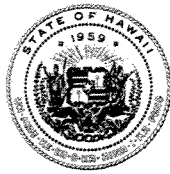


LINDA LINGLE
GOVERNOR



NELSON B. BEFITEL
DIRECTOR

COLLEEN Y. LaCLAIR
DEPUTY DIRECTOR

SERAFIN P. COLMENARES JR.
EXECUTIVE DIRECTOR

STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
OFFICE OF LANGUAGE ACCESS
830 PUNCHBOWL STREET, ROOM 322
HONOLULU, HAWAII 96813
www.hawaii.gov/labor
Phone: (808) 586-8730 / Fax: (808) 586-8733
Email: dlir.ola@hawaii.gov

July 13, 2007

TO: The Honorable Lillian B. Koller, Director
Department of Human Services

THROUGH: Ms. Geneva Watts, Language Access Coordinator

FROM: Serafin P. Colmenares Jr., Executive Director
Office of Language Access

SUBJECT: Language Access Plan

A handwritten signature in cursive script, likely belonging to Serafin P. Colmenares Jr.

Thank you for your department's revised Limited English Proficiency Plan, which we received on July 12, 2007.

Based on our review, we have concluded that the written plan meets the requirements of the law. We have attached a copy of the approved plan and we recommend that your agency proceed with implementation and take steps to ensure your employees follow your written plan.

We appreciate your commitment to ensuring that persons with limited English proficiency are provided meaningful access to your services and programs.

If you have any questions, please feel free to call the Office of Language Access at 586-8730.

cc: Geneva Watts

PERSONNEL OFFICE
DEPT OF HUMAN SERVICES
2007 JUL 18 A 7:43

**INTERNAL
COMMUNICATION FORM**

Suspense

DEPARTMENT OF HUMAN SERVICES

Subject: Limited English Proficiency (LEP)

Originator:

To: All DHS Divisions and
Administratively Attached
Agencies

From: DIR

Date: 6/22/07

Memo No. 1

The attached LEP Plan demonstrates DHS's commitment to take reasonable steps to provide meaningful access to Limited English Proficiency (LEP) individuals. The purpose of this initiative is to implement the attached plan to comply with our obligations under the Civil Rights Act, specifically Title VI, and Chapter 371, Part II 371-31 to 37, Hawaii Revised Statutes, Act 290, SLH-July 20, 2006.

The LEP Plan is intended as an interim plan that will be reviewed and revised in light of comments from LEP individuals, their representatives, interested stakeholders and DHS staff. Such review and revision shall take place no later than January 31, 2008. The provisions of this interim LEP Plan shall remain in place until a revised LEP Plan is adopted.

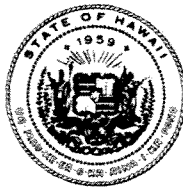
All DHS divisions and administratively attached agencies shall immediately comply with the LEP plan.



DIR

Att. - Department of Human Services
Limited English Proficiency Plan

c: DIR's Ofc.



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
P. O. Box 339

Honolulu, Hawaii 96809-0339

www.hawaii.gov/dhs

Phone (808) 586-4955

gwatts@dhs.hawaii.gov

Department of Human Services Limited English Proficiency Plan (LEP)

Introduction

"Immigrants from diverse cultures have made significant contributions to Hawai'i's economic success and have shaped our unique island lifestyle over the last several decades," Governor Lingle has said. "We have a responsibility to ensure that those who continue to come here from different lands seeking a new and better life for themselves and their families are afforded every opportunity to be successful."

The islands have long been an example to the rest of the world as a "melting pot," rich in ethnic and cultural diversity. However, the ability to access and communicate with State agencies, service providers, and others depends to a large extent on an individual's ability to speak and understand English.

Approximately 290,000 of Hawai'i's 1.2 million plus people speak a language other than English at home. This includes over 250,000 persons who speak an Asian or Pacific Island language.

According to the 2000 U.S. Census survey, 26.6 percent of Hawai'i's population spoke a language other than English as their primary language. Nationally, only 17.9 percent of the population spoke a language other than English.

In summary, while English is the predominant language in the United States, over 32 million people in the country have Limited English Proficiency. LEP individuals face many barriers to critical health and social services. We need to remove the language barriers for LEP individuals inquiring about, applying for, or receiving services through DHS.

Among those individuals where English is not their primary language, some have limited ability to read, write, speak or understand English. Language barriers sometimes prohibit residents from fully participating in our community and undermine their efforts to become self-sufficient and productive. DHS's Plan speaks to our commitment to provide essential and meaningful access to LEP individuals.

Basis

Presidential Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency" was created to "....improve access to....federally assisted programs and activities for persons, who as a result of national origin, are limited in their English proficiency...." Title VI of the Civil Rights Act serves as the basis for Executive Order 13166. Title VI provides that no person shall "on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." Certain divisions of the State of Hawai'i Department of Human Services (DHS) receive Federal funding from a variety of Federal agencies and by virtue of that funding, Title VI applies to all DHS's operations. Accordingly, DHS seeks to implement the initiative set forth in this Limited English Proficiency ("LEP") Plan to meet its obligations under Title VI.

Purpose and Scope

The purpose of DHS's LEP Plan is to take reasonable steps to ensure persons with limited English proficiency gain meaningful access to DHS's services and programs. The scope of the plan applies to state public contact activities ranging from occasional to daily, ongoing from the curious public, to inpatient residents, including the internet and "hotlines." It covers all public contact activities of federal or state funded recipients.*

* The Federal funder may require the recipient to meet its LEP guidelines.

Definition of Limited English Proficient Persons

For purposes of this plan, LEP persons or LEP customers mean individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English. Such persons may be eligible to receive language assistance with respect to a particular service, benefit, or encounter.

Relevant Factors in Determining How to Provide Meaningful Access

The following four guidelines will be used by DHS in determining how to provide effective and meaningful access to LEP individuals:

1. The number or proportion of LEP persons eligible to be served or likely to be encountered by program activities;
2. The frequency with which LEP persons come into contact with the program;
3. The nature and importance of the program, activity, or service provided by the program to LEP persons; and
4. The resources available to the program and the costs of providing interpretation/translation services.

The touchstone of this four-factor analysis is reasonableness—as measured by balancing (1) the size, needs, and nature of assistance to the LEP population served and (2) DHS’s capacity and available resources.

Analysis

Internal analysis of the following DHS Divisions will be included: BESSD, SSD, MQD, HPHA, CSW, VRA, OYS/HYCF. Each unit will be examined by its taskforce representative using a SWOT analysis (strengths, weaknesses, opportunities and threats) of the services it provides to LEP individuals.

External analysis will include, and not be limited to, other state agencies such as Department of Labor and Industrial Relations, Department of Health and other related agencies providing similar services, as well as related community groups. A SWOT analysis will be conducted by DHS Civil Rights Compliance Staff to determine the strengths, weaknesses, opportunities and possible threats to be encountered in meeting these needs and requirements, including and not limited to, addressing the weaknesses and possible threats to success of implementation of the plan.

DHS seeks to begin implementing the plan effective July 1, 2007 as a pilot program, subject to review and revision by no later than December 31, 2007.

Implementation and Responsibility: Implementation is the shared responsibility of CRCS and DHS Divisions. DHS, Civil Rights Compliance Staff is responsible for coordinating development of the plan, advising on implementation matters, and monitoring compliance.

- Goals:
- o Enhance services to potential applicants, applicants, and recipients of DHS services
 - o Remove language barriers preventing eligible individuals from receiving DHS services
 - o Ensure that persons with limited English proficiency (LEP) receive the same level of access to DHS programs and services as persons who speak English fluently
 - * Self-identified LEP applies
 - * Ensure “effective communication” that is competent, timely and free.

Fully achieving goals and objectives of this plan will likely require additional resources. Therefore, the pace and scope of implementation will be subject to budgetary constraints, and each division will need to set priorities within those constraints.

- Objectives:
- o Provide free of charge language interpreter services to potential applicants, applicants and recipients of DHS services
 - o Provide free language transcription services as needed
 - o Provide volunteer interpreter list semi-annually
 - o Provide external resource lists as needed
 - o Hire multi-lingual personnel to fill designated vacant public contact positions as determined by needs assessment, four-factor analysis, and budgetary constraints.
 - o Identify training and language aid needs of LEP individuals
 - o Provide multi-lingual forms, brochures, etc, identified by the divisions as vital documents

Action Plans An action plan will be developed for each DHS Division and administratively attached agency providing services to LEP individuals by task force representatives identified and charged by the Divisions. The action plans will be timely and flexible and implemented beginning no later than September 30, 2007. A calendar of activities for implementing the action plans will be submitted by the task force representatives to CRCS by July 31, 2007.

Follow-up Regular follow-up occurs by CRCS beginning July 31, 2007

Reactions Reactions to the language access services will be analyzed every six months by CRCS beginning October 1, 2007.

Evaluation Formative evaluations will be provided periodically by CRCS in cooperation with the Office of the Executive Director of Language Access in the Department of Labor and Industrial Relations. A summative evaluation of the effectiveness of the DHS language access efforts will be provided on an annual basis by CRCS.

Recommended Changes

This LEP Plan is a pilot program that will be reviewed and revised in light of comments from LEP individuals, their representatives, interested stakeholders, and DHS staff. Such review and revision shall take place no later than January 31, 2008. This plan is intended to be flexible and recognizes the need for constant change. Thus mechanisms will be built into each action plan to accommodate changes as required. Recommended changes will be monitored by CRCS as warranted. The provisions of this DHS Limited English Proficiency Plan shall remain in place until a revised LEP Plan is adopted.

LEP Plan Summary

This DHS Limited English Proficiency Plan is comprised of seven (7) components:

1. Development of a reporting system designed to obtain key information about the LEP population who use DHS services or have the potential for doing so;

Each division will have in place mechanisms in its reporting system to assess, on a regular basis, the LEP status and language assistance needs of current and potential customers, as well as mechanisms to assess the Department's capacity to meet these needs according to the components of this plan.

2. Compilation of comprehensive multi-lingual listing of DHS employees;

Interpreter list—volunteers from employee pool will be identified and updated lists distributed to the divisions semi-annually by CRCS.

3. Notice of interpretation/translation services to qualified LEP individuals;

Each division, program and activity at DHS will proactively inform LEP individuals of the availability of free language assistance services through both oral and written notice, in his or her primary language.

4. Providing interpretation/translation services for qualified LEP individuals;

Each division, program and activity at DHS will arrange for the provision of oral language assistance in response to the needs of LEP individuals, in both face-to-face and telephone encounters.

Each division, program and activity at DHS will produce vital documents in languages other than English where a significant number of the customers served or eligible to be served English proficiency. These written materials may include paper and electronic documents, such as publications, notices, correspondence, web sites and signs.

5. Designation of a LEP Plan Coordinator;

Each division will designate a LEP Plan Task Force representative and one backup representative for continuity purposes.

6. Training DHS staff on the implementation of DHS plan; and

Each division will allow time for training front-line and managerial staff on the policies and procedures of its language assistance activities.

7. Seeking stakeholders' input in review and revision of the LEP Plan.

Each division will institute procedures to assess the accessibility and quality of language assistance activities for its LEP customers/clients. CRCS will monitor assessments.

Each component is explained further on Attachment A.

List of Attachments:

- A Seven components of DHS's LEP Plan
- B Sample Survey Form for Collecting Information
- C Example of Multi-lingual Notice identifying language
- D Example of Multi-lingual Invitation to Contact DHS
- E Sample Oral Translation Services Log
- F Example of Language Line Telephone Interpreters Procedures
- G List of Communication Access Providers

Attachment A

Components of DHS Limited English Proficiency Plan

I. Development of a reporting system designed to obtain key information about the LEP population who use DHS services or have the potential for doing so

To provide meaningful access to LEP individuals, DHS will seek to gather information about what languages they speak, what DHS services they use, and the frequency in which they use these services.

While some DHS Divisions have begun gathering detailed information about LEP individuals they serve, DHS will take this opportunity to articulate a more comprehensive approach.

Telephone and other interpretation services to LEP customers will be provided free of charge and records will be kept of each transaction. While informal data is available in some divisions, these data are limited to kinds of languages requested and billing related matters. Existing data does not reflect kinds of services provided or frequency of services by LEP individuals.

A form will be developed (See Attachment B for example), to collect information necessary to enable DHS to render meaningful access to LEP individuals who use our services. The form will seek to collect, among other things, (1) languages that LEP individuals need translated, (2) kinds of services used by LEP individuals and (3) frequency with which LEP individuals use DHS services.

CRCS, in consultation with research analysts at DOL and task force representatives from DHS Divisions, will be responsible for establishing a procedure for each DHS Division to consider in gathering and compiling data on a regular basis and for providing a report to designated LEP Plan Coordinators by no later than December 1, 2007 and every two years thereafter.

2. Compilation of comprehensive multi-lingual listing of DHS employees

In effectively serving LEP individuals, we must ascertain what language skills and resources DHS might already have available through its employees. Some divisions have begun that process by maintaining a log of all of its employees and the languages that he or she can read, speak and/or translate.

Additionally, CRCS currently maintains and updates a list of employee volunteer interpreters by language/s and location/s which is distributed to all divisions regularly. This list includes information volunteered by DHS employees including, and not limited to (1) language or languages (including American Sign Language) the employee can speak and/or read, (2) the level of fluency in those self-identified languages, and (3) contact information for the DHS employee. Employees on this list may be contacted when a LEP individual needs language assistance. The procedure to be followed when a DHS employee is contacted to provide language assistance is contained in Section 4 below. Although a DHS employee may not be fluent in a particular language, depending on the circumstances, that employee's language skills could facilitate a certain comfort level that might contribute significantly to meeting a LEP individual's needs.

This current listing does not include all employees who might be able to contribute to interpretation services however. In an attempt to enhance interpreter services CRCS will seek information from existing employee data bases, contact individuals identified as being multi-lingual to inquire about their willingness and ability to provide volunteer interpreter/translation services, and distribute an updated list semi-annually beginning in September 2007 to all divisions and administratively attached agencies.

3. Notice of interpretation/translation services to qualified LEP individuals

A. Office Notice

In providing notice to LEP populations who might access DHS services, divisions have varied in their approach previously. DHS will take the following steps to ensure consistency in providing notices in the future: (1) Compile data relative to use of telephone interpretation services by divisions, (2) Access data from the State of Hawai'i Data Book (2004), (3) Survey DHS employees about their experiences in dealing with LEP individuals, (4) Discuss with Federal Immigration Court administrators in Honolulu, and advocates of the interests of LEP individuals statewide, current and changing needs for interpretation services for individuals who use and/or have the potential for using DHS services.

DHS will use a list compiled by the Department of Labor and Industrial Relations as a starting point for determining languages that are likely to be the primary languages of LEP persons in the State of Hawaii. These languages currently include: Burmese,

Cambodian, Cantonese, Chamorro, Chuukese, Ilocano, Japanese, Korean, Kosraean, Lao, Mandarin, Marshallese, Pohnpeian, Samoan, Spanish, Tagalog, Thai, Tongan, Vietnamese, Visayan, and Yapese. Preliminary inquiries suggest that the most frequent languages spoken currently in the State of Hawaii are Ilocano, Tagalog and Japanese while the most rapidly growing languages are Spanish, Micronese, and Korean.

At least one 11" x 17" poster informing LEP individuals that DHS provides free interpretation services shall be placed in a prominent place in ALL DHS offices having contact with the public. An 8 1/2" x 11" copy of this poster developed by the Office of Community Services, Department of Labor and Industrial Relations, is found in Attachment C, for example.

B. Notice for Requesting Written Translation

All DHS Divisions will develop a written notice to be attached to documents that each division administrator believes is important and/or believes, through the experiences of the division needs to be translated. The notice will invite a person who needs translation of a DHS document to contact the LEP Plan Coordinator at 586-4955. (See Attachment D, for example)

4. Providing interpretation/translation services for qualified LEP individuals

When serving LEP individuals, situations may arise where LEP individuals are unable to negotiate through DHS programs without the assistance of interpreters in their preferred language. To ensure that the inability to communicate in English does not deprive the public of rights and privileges, DHS will continue to provide an interpreter, at no cost to the client, for LEP individuals pursuant to the following procedures.*

*While it might be customary for LEP individuals to bring their relatives or friends as interpreters, it is not appropriate to have minors, relatives or friends serve as interpreters. Minors, relatives and friends are often not formally trained in providing interpretation services and their experience as an interpreter tends to be limited. When there is a question of ethics, DHS will attempt to use more than one interpreter source.

- A. Oral Interpreters—An individual approaches a DHS employee and appears to be asking for help but has difficulty communicating what he or she needs. What does one do?
 - (1) When a request for an interpreter is made either orally or in writing, the employee shall determine whether bi-lingual staff in the office or a nearby unit is available who speaks the language being requested.
 - (2) When bilingual staff is not available, the employee shall contact a telephone interpreter service to provide interpreter services.
 - (3) When the telephone interpreter service cannot help, the employee shall contact a language agency at least two weeks before the scheduled appointment with the requesting LEP person. Provide the following information to the language agency:
 - (a) requesting employee's full name and telephone number
 - (b) department, unit and address

- (c) employee's telephone number
 - (d) language needed
 - (e) client's full name
 - (f) date and time of appointment
 - (g) purchase order number
 - (4) DHS employees may ask the language agency interpreter to call the LEP individual to inform him/her of the scheduled appointment.
 - (5) Upon completion of the appointment, an Encounter Form provided by the interpreter is completed and signed by the departmental employee and the interpreter. Information on the form includes the end time of the appointment, the nature of the encounter, and the interpreter's full name and signature. Cumulative records are maintained relative to nature, frequency and importance. (See Attachment E for sample oral translation services log.)
 - (6) The employee may cancel the request for interpreter, however, if the interpreter is not contacted in time, the Department will be charged a minimum of one hour even though no services are provided.
 - (7) When the above alternatives are not possible or practicable, the employee shall contact a volunteer interpreter from the Volunteer Interpreter List, which is disseminated semi-annually by the CRCS.
 - (a) The requesting employee shall determine first whether interpreting by the volunteer employee might be done via telephone to minimize the time the volunteer spends interpreting and away from his/her regular duties.
 - (b) If possible, volunteer interpreters should be familiar with the program for which interpretation is needed.
 - (8) Telephone interpreter services are available for brief encounters as are video phones and voice recognition packages. Divisions shall have internal procedures for utilization of such services and devices. An example of language line telephone interpreter services can be found as Attachment F.
- B. Translated Materials DHS currently has 2 documents translated into more than a dozen languages. An internal needs assessment will be completed to determine whether any additional materials need simplification and written translation. Written translation of those documents will be subject to the four-factor analysis and reasonableness.
- (1) Division Administrators and Staff Officers shall determine what informational program materials and vital documents shall be translated into languages other than English. This determination shall be based on guidelines set forth in various Federal guidance documents, for example, the U. S. Department of Health and Human Services, Office for Civil Rights, Policy Guidance: Title VI Prohibition Against National Origin Discrimination as it Affects Persons with Limited English Proficiency. Policy Guidance can be obtained from CRCS or the Director, DHS website, www.dhs.hawaii.gov.
 - (2) Staff Officers and Division Administrators shall also assess the language needs of their respective project areas to determine the languages that will be translated, to ensure meaningful

access to the language groups of people eligible to be served or likely to be affected by the program.

(3) As mentioned in Section 3 B above, a notice regarding a request for written translation shall be attached to important documents in order to provide meaningful access to LEP individuals and/or sent with documents that division personnel have sufficient reason to believe are addressed to a LEP individual. For example, applications for food stamps or other funding services, complaint procedures, and language identification cards might need to be made available in more than one language. Another example might include an individual who wishes to file a complaint for denial of services based on discrimination and has great difficulty understanding and speaking English. The notice regarding translation should accompany any decision concerning the investigation.

(4) When a request for a written translation is received by the LEP Plan Coordinator, the Coordinator has twenty-four (24) hours to notify the division who sent the document that such a request was made.

(5) The LEP Plan Coordinator and the administrator of that particular division shall decide whether or not the request should be granted using the four-factor analysis discussed in the "Relevant Factors" section above. It is within the sound discretion of the LEP Plan Coordinator and the administrator to select a qualified translator.

5. Designation of a LEP Plan Coordinator

Geneva Watts, DHS Civil Rights Compliance Officer, shall serve as the DHS Limited English Proficiency Plan Coordinator. The Coordinator will be primarily responsible for, among other things: (1) the overall implementation of the LEP Plan; (2) responding to any inquiries or comments/complaints regarding the Plan and its implementation; (3) making any revisions and modifications to the Plan, as necessary; (4) training DHS employees by providing the proper background necessary to implement the objectives of the Plan; (5) serving as the primary contact for LEP customers who need a written translation of important DHS documents, and (6) coordinating efforts to implement the Plan, monitor the Plan, evaluate the plan, and invite stakeholders' input aimed at improving the current Plan. Additionally, each Division and administratively attached agency will name a divisional coordinator and an alternate to serve on a LEP taskforce in an advisory capacity to ensure smooth implementation of the Plan. Additional information about Staff Officer, Divisional administrator, supervisors and employee roles are specified in 4.10.3 (5.1-6) of DHS revised Policies and Procedures.

6. Training DHS staff on the implementation of DHS plan

The LEP Plan Coordinator, in consultation with task force representatives and divisional training staff, will be responsible for developing and implementing training for DHS staff. The primary purpose of the training is to provide necessary background and understanding to implement the objectives of this LEP Plan. The training shall address the application of DHS policies and procedures in the Plan to various "real world"

situations that they will likely encounter. The LEP Plan Coordinator shall, as part of the training, develop reference sheets and learning aids encapsulating the essential principles and procedures of the Plan and disseminate these reference sheets and learning aids to the entire Department electronically. The training shall also address what kind of documents should be translated generally. Additionally, the training shall address interpreter knowledge, skills and abilities, confidentiality, and impartiality issues regarding in-person interpreters within DHS. DHS and its Task Force will work with the Office of Language Access on training content (knowledge, skills and abilities of interpreters).

DHS administrators, supervisors, and all employees dealing with LEP clients or potential clients on a daily basis shall complete their training by no later than December 31, 2007. All other DHS staff, administrators and/or supervisors believe should receive LEP Plan training, shall complete their training by no later than June 30, 2008.

To the extent DHS needs to provide additional language services, as determined by the internal needs assessment, DHS will provide the necessary resources to meet language access requirements within budgetary constraints.

7. Seeking stakeholders' input in review and revision of the DHS LEP Plan

DHS, through the LEP Plan Coordinator, related taskforce members, and relevant community groups, will actively seek input from groups who provide assistance to LEP individuals, including and not limited to those who advocate for the interests of immigrants, refugees, and others who might be LEP consumers of DHS services.

All interested stakeholders are encouraged to contact the LEP Plan Coordinator directly at 586-4955. The LEP Plan Coordinator shall have at least one (1) public meeting with LEP persons, other interested stakeholders, and all DHS administrators prior to December 31, 2007. The objectives for seeking such input are (1) to provide feedback and information that will result in refining this LEP Plan, and (2) to enable DHS to meet its goal of taking significant and reasonable strides toward ensuring meaningful access to LEP individuals. The LEP Plan Coordinator shall then submit a comprehensive summative report on the meeting, including the recommendations and comments on the LEP Plan, and submit the report to the Director of DHS no later than January 31, 2008.

This report will include a list of the most requested languages in which assistance is needed and a list of the most requested documents to be translated. This report will also include a synthesis of the data contained in the report covered in component one above.

This LEP Plan is a pilot program that shall be reviewed and revised in light of comments from LEP individuals, their representatives, interested stakeholders, and DHS staff. Such review and revision shall take place no later than January 31, 2008. The provisions of this LEP Plan shall remain in place until a revised LEP Plan is adopted.

Act 290, SLH—July 10, 2006) has taken initial steps in providing reasonable and meaningful access to LEP individuals who seek DHS services.

All DHS divisions and administratively attached agencies shall immediately comply with this Limited English Proficiency Plan.



Lillian B. Koller, Director
Department of Human Services

JUN 21 2007
Date

Sample Form for Collecting LEP Information

This form is to be completed by DHS staff providing services to or encountering a person with Limited English Proficiency. Please complete one LEP form for each person served or encountered.

Staff Name: _____ **Date:** _____

Division: _____ **Office:** _____

Name of LEP person if known: _____

1. What is the primary language spoken by the LEP individual?

(i.e., Mandarin, Cantonese, Micronese, Ilocano, Tagalog, Japanese, Korean, Samoan, etc.)

2. List the dates and types of program services you provided this person?

(i.e. program information, processed application, decisions notification, job placement, etc.)

3. Was the program service provided within the same time frame as services provided to non-LEP clients?

___ **Yes** ___ **No** (If no, please indicate whether the delay was due to need for LEP assistance?)

4. How often did you provide services to or encounter this individual?

(i.e., one time event, weekly, monthly, etc.)

5. What type of LEP services did you provide this person?

(i.e., oral interpretation in person or by phone, written translation, none, etc.)

6. Who provided the interpreter services?

(i.e., multilingual staff, contracted interpreter, telephone interpreter service, community volunteer, LEP person's family member, friend, own interpreter, etc.)

7. Was this person satisfied with the interpreter services provided?

___ **Yes** ___ **No** (if No, please explain the dissatisfaction, Use reverse side of this sheet if needed)

Oral Translation Services Log

For the Month ending _____

Division/Office: _____ Project Code (if applicable): _____

Date	Translation Service Used	Start Time	End Time	Originating Phone #	Language

Comments from LEP clients or their representative(s) regarding quality of services provided:

Approved by: _____ Date: _____

Limited English Proficiency Task Force

Tasks

- * Review LEP Plan and provide input from Division.
- * Submit recommendations for changes, if any.
- * Address seven (7) components of plan internally.
- * Develop Division Action Plans by September 1, 2007.

Challenges

The LEP Task Force will address several critical challenges that we will encounter during the next year and in years to come, specifically:

- o How can we best coordinate activities across all relevant programs in DHS, particularly in the neighbor island offices that provide support to our program participants and potential participants?
- o How can we develop partnerships to assist in improving language assistance? How can we more effectively share “best practices” among divisions and across DHS programs?
- o How can we best leverage existing assets within the Department in order to most efficiently and effectively acquire and deploy such language services as translation or interpretation?
- o To what extent can we develop consistent LEP policies, procedures or criteria across the Department in order to improve the efficiency or effectiveness of language access services? How should the development of policies and procedures be structured within DHS, and what types of policies and procedures are appropriate for a distributed organization such as DHS?
- o How can we build upon and improve our partnerships with organizations that represent LEP constituencies to more effectively accomplish our goals?

☐

ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.

1. Arabic

☐

Խնդրում ենք նշում կատարել այս քանակուսում,
եթե խոսում կամ կարդում եք հայերեն:

2. Armenian

☐

যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।

3. Bengali

☐

ឈ្មួញក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។

4. Cambodian

☐

Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.

5. Chamorro

☐

如果你能读中文或讲中文，请选择此框。

6. Simplified Chinese

☐

如果你能讀中文或講中文，請選擇此框。

7. Traditional Chinese

☐

Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.

8. Croatian

☐

Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.

9. Czech

☐

Kruis dit vakje aan als u Nederlands kunt lezen of spreken.

10. Dutch

☐

Mark this box if you read or speak English.

11. English

☐

اگر خواندن و نوشتن فارسی بلد هستید، این مربع را علامت بزنید.

12. Farsi

<input type="checkbox"/>	Cocher ici si vous lisez ou parlez le français.	13. French
<input type="checkbox"/>	Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.	14. German
<input type="checkbox"/>	Σημειώστε αυτό το πλαίσιο αν διαβάσετε ή μιλάτε Ελληνικά.	15. Greek
<input type="checkbox"/>	Make kazye sa a si ou li oswa ou pale kreyòl ayisyen.	16. Haitian Creole
<input type="checkbox"/>	अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ।	17. Hindi
<input type="checkbox"/>	Kos lub voj no yog koj paub twm thiab hais lus Hmoob.	18. Hmong
<input type="checkbox"/>	Jelölje meg ezt a kockát, ha megérti vagy beszél a magyar nyelvet.	19. Hungarian
<input type="checkbox"/>	Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano.	20. Ilocano
<input type="checkbox"/>	Marchi questa casella se legge o parla italiano.	21. Italian
<input type="checkbox"/>	日本語を読んだり、話せる場合はここに印を付けてください。	22. Japanese
<input type="checkbox"/>	한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.	23. Korean
<input type="checkbox"/>	ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ.	24. Laotian
<input type="checkbox"/>	Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim.	25. Polish

<input type="checkbox"/>	Assinale este quadrado se você lê ou fala português.	26. Portuguese
<input type="checkbox"/>	Însemnați această căsuță dacă citiți sau vorbiți românește.	27. Romanian
<input type="checkbox"/>	Пометьте этот квадратик, если вы читаете или говорите по-русски.	28. Russian
<input type="checkbox"/>	Обележите овај квадратић уколико читате или говорите српски језик.	29. Serbian
<input type="checkbox"/>	Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.	30. Slovak
<input type="checkbox"/>	Marque esta casilla si lee o habla español.	31. Spanish
<input type="checkbox"/>	Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog.	32. Tagalog
<input type="checkbox"/>	ให้กาเครื่องหมายในช่องถ้าท่านอ่านหรือพูดภาษาไทย.	33. Thai
<input type="checkbox"/>	Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.	34. Tongan
<input type="checkbox"/>	Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою.	35. Ukranian
<input type="checkbox"/>	اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔	36. Urdu
<input type="checkbox"/>	Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ.	37. Vietnamese
<input type="checkbox"/>	באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש.	38. Yiddish

I speak ...



A

Arabic

أنا أتحدث اللغة العربية

Armenian

Ես խոսում եմ հայերեն

B

Bengali

আমী বাংলা কথা বলতে পারী

Bosnian

Ja govorim bosanski

Bulgarian

Аз говоря български

Burmese

ကျွန်တော်/ကျွန်မ မြန်မာလို ပြောတတ်ပါတယ်

C

Cambodian

ខ្ញុំនិយាយភាសាខ្មែរ

Cantonese

我講廣東話 (Traditional)

我讲广东话 (Simplified)

Catalan

Parlo català

Croatian

Govorim hrvatski

Czech

Mluvím česky



D

Dari

من دری حرف می زنم

Dutch

Ik spreek het Nederlands

F

Farsi

من فارسی صحبت می کنم

French

Je parle français

G

German

Ich spreche Deutsch

Greek

Μιλώ τα ελληνικά

Gujarati

હુ ગુજરાતી બોલુ છુ

H

Haitian Creole

M pale kreyòl ayisyen

Hebrew

אני מדבר עברית



Hindi

मैं हिंदी बोलता हूँ ।

Hmong

Kuv has lug Moob

Hungarian

Beszélek magyarul

I

Italian

Parlo italiano

J

Japanese

私は日本語を話す



K

Korean

한국어 합니다

Kurdish

man Kurdii zaanim

Kurmanci

man Kurmaanji zaanim

L

Laotian

ຂ້ອຍປາກພາສາລາວ

Latvian

Es runāju latviski



Lithuanian
Aš kalbu lietuviškai

M

Mandarin

我講國語 (Traditional)

我讲国语/普通话 (Simplified)

Mon

အဲဒီ အင်္ဂါနော်

N

Norwegian
Jeg snakker norsk



P

Persian

من فارسی صحبت می کنم.

Polish

Mówię po polsku

Portuguese

Eu falo português do Brasil
(for Brazil)

Eu falo português de Portugal
(for Portugal)

Punjabi

ਮੈਂ ਪੰਜਾਬੀ ਬੋਲਦਾ/ਬੋਲਦੀ ਹਾਂ।



R

Romanian

Vorbesc românește

Russian

Я говорю по-русски

S

Serbian

Ja govorim српски

Slovak

Hovorím po slovensky

Somali

Waxaan ku hadlaa as Soomaali

Spanish

Yo hablo español



U

Ukrainian

Я розмовляю українською мовою

Urdu

میں اردو بولتا ہوں

V

Vietnamese

Tôi nói tiếng Việt

W

Welsh

Dwi'n siarad

X

Xhosa
Ndithetha isiXhosa

Y

Yoruba
Mo nso Yooba

Z

Zulu
Ngiyasikhuluma isiZulu

IF YOU NEED AN INTERPRETER . . .

We provide free interpreter services on request to conduct your business with the State of Hawai'i. *gwatts@dhs.hawaii.gov*
If you need an interpreter in a particular language, point to that language below:



မြန်မာဘာသာနှင့်စကားပြန်လိုလျှင် ဤနေရာကိုလက်ညှိခွင့်ရှိပါသည်။

Burmese



ចូលចំណេះបើអ្នកត្រូវការអ្នកបកប្រែភាសានេះ

Cambodian



E punto guene unnesesita intepete ni esta na lenguahe.

Chamorro



Ei ekiek ikei, are pwe en mi tongeni apasa me weweiti ei fos, Iwe chon awewe repwe kawor.

Chuukese



Itudom ditoy no makaso ken maka-awat iti daytoy a sarita. Maitdanka iti mangi-patarus.

Ilocano



お話しになる言語を指して下さい。

Japanese



여러분이 이언어를 이해하시고 사용하시면
이곳을 가르키십시오
저희가 통역을 제공할것입니다

Korean



Kom fin nikin, kom enenu in oasr met leng kahs lom.

Kosraen



ຖ້າທ່ານເວົ້າແລະເຂົ້າໃຈພາສານີ້, ໃຫ້ຊີ້ໃສ່ທີ່ນີ້. ນາຍພາສາຈະຊ່ວຍທ່ານ

Lao



如果您明白此種語言，請指向本文。我們會提供該種語言翻譯員。

Mandarin or Cantonese



Jitōñe ñe elōñ am ñoñ rikook kajin.

Marshallese



Idih wasabt ma ke anahne soun kawehwe ni lokaia wet.

Pohnpeian



Afai e te mana'omia le faaliliu upu ile gagana Samoa faailoa mai faamolemole.

Samoaan



Apunte aquí si necesita un traductor en: Espanol

Spanish



Ituro dito kung ikaw ay nanganga-ilangan ng ganitong salita.

Tagalog



กรุณาชี้ตรงนี้ถ้าต้องการผู้ช่วยแปลภาษา

Thai



Tuhu ki he tohi ni Kapau'oku Fie. ma'u ha Tokoni ke Fakamatala atu 'ae 'uhinga 'oe ton.

Tongan



Chí' vao đây nê' u ba cần mỗ t thông di ch viên cho ngôn ngữ Vietnam.

Vietnamese



Itudlo dire kung nanginahanglan ka ug interpreter nianing pinulongan.

Visayan



Mu guchum ngarag ni faania gabadag ninge thilyeg bee e thin rom.

Yapese



DHS CIVIL RIGHTS (808) 586-4955

State of Hawai'i
Linda Lingle, Governor

If you need this document translated, please call the State
DEPARTMENT of HUMAN SERVICES **Limited English**
Proficiency Plan Coordinator at 586-4955

Burmese

အကယ်၍ စာရွက်စာတမ်းများကို ဘာသာပြန်ဖို့ လိုအပ်လျှင်
အလုပ်သမားနှင့်စက်မှုဝန်ကြီးဌာနမှ အကူအညီပေးသူကို
အောက်ပါဖုန်းနံပါတ်ကို ခေါ်ယူ၍ အကူအညီတောင်းခံနိုင်ပါသည်။
ဆက်သွယ်ရန်။ 586-4955

Cambodian

បើអ្នកត្រូវការឯកសារនេះបកប្រែទៅជាភាសាកម្ពុជា
សូមអ្នកទាក់ទងនឹង ក្រសួងកិច្ចការនិងជំនាក់ជំនួញ
របស់រដ្ឋភាសា តាមរយៈ 586-4955

Chamorro

Yanggen un nisisita na u ma translada este na dokumento, pot fabot agang i State
Limited English Proficiency Plan
Coordinator 586-4955

Chinese

假如你需要翻譯這份文件, 請致電 586-4955.
向州政府勞工與工業關係部"英語有限協助計劃"協調員聯絡

Chuukese

Are kopwe mochen eman epwe awewei novin taropwe mei auchea, kopwe kan kori
Limited English Proficiency Plan
Coordinator at 586-4955

Ilocano

No agkasapulan iti mangipatarus iti daytoy a dokumento, pangnga-asiyo ta tumawag iti
State Limited English Proficiency Plan
Coordinator iti numero 586-4955

Japanese

この書類の翻訳をご希望の方は、州労働・労使関係省、英語能力の限られた方を支援するプログラムのコーディネータ、586-4955までご連絡ください。

Kosraen

Kom fin enenu pepu se inge in lengla nu ke kas inglis, nunakmunas pangon 586-4955.

Lao

"ຖ້າທ່ານຕ້ອງການແປເອກກະສານນີ້, ກະຮຸນາໂທໂຮໂປກົມພົວພັນແຮງງານ ແລະ ອຸສາຫະກຳຮັດຮາວາຍຜູ້ຕິດແຜນການດ້ອຍພາສາອັງກິດ ທີ່ 586-4955."

Marshallese

Ne kwoj aikuij jiban joij pok nomba in 586-4955.

Pohnpeian

Ma ke anahne daropwe wet en kaweweda, a ke menlau dokoelepwohn 586-4955 oh kosoeng ohpis me kin sewese anahn en lokaian wai na ohpis lap en apwali kosoandi en doadoake en aramas akan

Samoan

Mo se fa'amalamalamaga i lau gagana, fa'afeso'ota'i mai le ofisa 586-4955.

Spanish

Si necesita una traduccion de este documento, favor de llamar el 586-4955.

Tagalog

Kung kailangan mong icalin ang mga dokumentong ito, pakitawagan ang koordineytor 586-4955.

Thai

ถ้าคุณต้องการให้แปลข้อความต่อไปนี้ กรุณาโทรศัพท์แจ้งไปที่กรมแรงงานและอุตสาหกรรมสัมพันธ์
หน่วยงานช่วยเหลือผู้ต้องการความช่วยเหลือทางด้านภาษาอังกฤษ เบอร์โทร 586-4955.

Tongan

Kapau 'oku ke fie ma'u ha taha ke liliu ae ngaahi fakamatala ni ki he 'etau lea faka-
Tongan pea ke fakamolemole 'o telefoni mai ki he Kautaha Tokoni 'ae Siteiti 'o Hauai'i,
moe Tokotaha oku ne toknoi kihe lea faka papalangi, Fakamolemole o teleoni mai kihe
fika telefoni koe 586-4955 Malo Aupito.

Vietnamese

Nếu bạn cần văn kiện này thông dịch, xin vui lòng gọi Bộ Lao Động và Nhân viên Ban
Giao Dịch Kế Hoạch tại số' điện thoại 586-4955.

Visayan

Kung imong guikinahanglan nga kining mga dokumento hubaron, palihug tawagi ang
koordineytor sa Limited English
Proficiency Plan sa 586-4955.

Yapese

Fa'anra gabadag ni ngani translate nag ere babyor ney, wenig ngom mu kol nag e State
Department of Labor and Industrial Relations' Limited English Proficiency Plan
Coordinator kore telephone number ni ba'ara 586-4955.



State of Hawaii Department of Human Services



BILINGUAL OR SIGN INTERPRETER SERVICES

We can provide a bilingual or sign language interpreter at no charge to you, so that you know what we are saying. Do you want us to provide an interpreter?

Complete this form and return to the address listed at the top of the first page.

- ☐ Yes, I will need a _____ language interpreter.
- ☐ No. I will provide my own interpreter or have a family member or friend interpret for me. I understand that my interpreter must be good enough so that I know what you are saying to me.
I speak/understand _____ language.

My name is _____
Last First

Address: _____
Street Apt.#

City Zip Code

Phone: _____ Social Security Number: _____

CHINESE

雙語或手語傳話服務

我們可以免費給你提供一位雙語或手語譯員，以便你能夠了解我們所說的話。

你想要我們提供一位譯員嗎？

請填妥此表格，然後依照第一頁頂頭所列的地址寄回。

- ☐ 是的，我需要一位能夠講_____話的譯員。
- ☐ 不要，我自己會找一位譯員或親友來給我傳話。我知道給我傳話的人必須有足夠的語言能力才能夠使我明白你們對我所說的話。

我講_____話。

我的姓名：_____（先寫姓，後寫名）

地址：_____（門牌、街道、單位）
_____（市、郵區號碼）

電話：_____ 社會保障（即工卡）號碼：_____

JAPANESE

二か国語、または手話の通訳者サービス

私たちが話すことの内容をあなたに理解していただくために、二か国語、あるいは手話による通訳者の手配を無料にて行っています。あなたはこのような通訳サービスが必要ですか？この用紙に必要事項を記入の上、1 ページ目の上部に記載されている住所宛に返送してください。

- [] はい。_____語を話す通訳者を手配してください。
- [] いいえ。自分で通訳者を用意するか、家族／親戚、または友人が私の通訳をします。この場合、私の通訳を行う者は、私があなたの言葉を理解するために十分な能力を持った者でなければならぬことを了承します。
私は_____語を話します。

名前：_____
姓 名

住所：_____
番地 ストリート名 アパート番号

市 ZIP コード

電話：_____ ソーシャル・セキュリティ番号：_____

TAGALOG

**PAGLILINGKOD NG PAGSASALITA NG DALAWANG WIKA O PAGSASALIN SA
PAMAMAGITAN NG SENYAS**

Upang maunawaan ninyo ang aming sinasabi, magbibigay kami ng taong marunong magsalita ng dalawang wika o magsasalin sa pamamagitan ng senyas ng walang bayad. Nais niyo bang magkaroon ng tagasalin? Tapusin ang pormas na ito at ibalik sa direksiyon na nakalista sa itaas ng unang pahina.

___ Oo, kailangan ko ng tagasalin na marunong magsalita ng _____.

___ Hindi, magkakaroon ako ng sarili kong tagasalin o kamag-anak na magsasalin para sa akin. Naiintindihan ko na ang aking tagasalin ay dapat marunong upang mauunawaan ko ang sinasabi mo sa akin. Ang aking wika ay _____.

Ang pangalan ko ay _____
Apeyido Pangalan

Tirahan: _____
Kalye Bilang ng Tirahan

Lungsod Zip Code

Telepono: _____ Bilang ng Sosyal Sekyuriti: _____

ILOCANO

SERBISYO TI DUA NGA PAGSASAO WENNO PANANGIPAWAAT BABAEN TI SENYAS

Tapno maawatam ti sawsaw-en mi, ikkan dakayo ti tao nga makaammo ti dua nga pagsasao wenno mangipaawat babaen ti senyas nga awan ti bayad na. Kayat yo kadi nga maikkan kayo ti mangipaawat kadayo? Palpasen daytoy nga pormas ken isubli iti direksiyon nga nakalista iti ngato ti umuna nga pahina.

___ Wen, masapul ko ti mangipaawat kaniak nga makasao ti _____.

___ Saan, mangbiroka ti bukukod ko nga mangipaawat kaniak wenno miyembro ti kaamaak nga mangipaawat kaniak. Ammok nga ti tao nga mangipaawat kaniak ket masapul nga nalaing tapno maawatak ti ibagbagam kaniak. Ti pagsasaok ket _____.

Ti nagan ko ket _____
Apeyido Nagan

Pag-naedan: _____
Kalye Bilang ti Pag-naedan

Siudad Zip Code

Telepono: _____ Numero ti Sosyal Sekyuriti: _____

VIETNAMESE

SỰ PHỤC VỤ THÔNG DỊCH VIÊN SONG NGỮ VÀ NGÔN NGỮ ƯỚC HIỆU

Chúng Tôi có thể cung cấp một thông dịch viên song ngữ hay là ngôn ngữ ước hiệu cho các bạn miễn phí, nên các bạn hiểu chúng tôi đang nói gì. Các bạn có muốn chúng tôi cung cấp một thông dịch viên không?

Hãy điền vào đơn này và gửi lại theo địa chỉ đăng trên đầu trang thứ nhất.

Vâng, tôi sẽ cần một thông dịch viên mà có thể nói được tiếng _____.

Không, tôi sẽ tự cung cấp một thông dịch viên cho tôi hoặc nhờ một người trong gia đình hay là một người bạn thông ngôn cho tôi. Tôi hiểu rằng thông dịch viên của tôi cần phải có đầy đủ khả năng để cho tôi hiểu các ông/bà đang nói gì với tôi.

Tôi nói tiếng _____.

Tôi tên là _____
Họ Tên

Địa chỉ: _____
Đường Số phòng (apt. #)

Thành phố Số bưu chính (zip code)

Số điện thoại: _____ Số an ninh xã hội: _____

SAMOAN

LUA GAGANA POO SAINI I LIMA INA IA MALAMALAMA

E mafai ona matou saunia gagana e lua poo saini i lima e te iloa ma malamalama ai e aunoa ma se tau. E mafai ona matou saunia se faamatala upu mo ia itu mo oe.

Faatumu avanoa o loo i lalo i le IOE poo le LEAI ma meli mai.

☐ Ioe, ou te manao i se faamatalaupu i le gagana _____

☐ Leai, ou te aumaia lava e au sau faamatala upu poo se tasi o lo'u aiga e malamalama lelei ina ia ou iloa mea uma.
Ou te tautala i le gagana _____

O lo'u igoa _____
Faai'u Igoa Muamua

Tuatusi _____
Street Apt #
City Zip Code

Telefoni _____ Numera Saogalemu _____

TONGAN

**KO E POTO LELEI HA LEA FAKAFONU'A 'E UA PE KO E FAKATONULEA
'OKU FAKA'ILONGA'AKI 'A E NIM'A**

Te mau lava 'o 'omai ha taha 'oku poto lelei ha lea fakafonua 'e ua pe talanoa faka'ilonga'aki 'a e nima' 'o ta'e totongi pē ia kiate koe, koe'uhí ke tau femahino'aki 'a 'etau talanoá. 'Oku ke loto fiemālie ke mau 'omai ha taha ke fakatonulea?

Fakafonu 'a e pepa ko ení pea fakafoki ki he tu'asila 'oku há atu 'i 'olunga 'i he peesi 'uluakí.

[] 'Io, te u fiema'u ha fakatonulea faka _____

[] 'Ikai, te u ha'u pé au mo 'eku fakatonulea pe ko e mēmipa pē 'o hoku fāmili, pē ko hoku maheni pē te ne fakatonulea ma'akú. 'Oku mahino lelei kiate au kuopau foki ke fu'u matu'aki poto lelei mo fe'unga 'a 'eku fakatonulea koe'uhí ke tau femahino'aki.
'Oku ou lea faka _____

Ko hoku hingoá ko _____
fakaku uluaki

Tu'asilá: _____
hingoá 'o e hala fika 'o e 'api

Fika telefoni: _____ Fika ngāue _____
kolo lahi fika fakatenu'u

雙語或手語傳話服務

我們可以免費給你提供一位雙語或手語譯員，以便你能夠了解我們所說的話。

你想要我們提供一位譯員嗎？

請填妥此表格，然後依照第一頁頂頭所列的地址寄回。

☐ 是的，我需要一位能夠講_____話的譯員。

☐ 不要，我自己會找一位譯員或親友來給我傳話。我知道給我傳話的人必須有足夠的語言能力才能夠使我明白你們對我所說的話。

我講_____話。

我的姓名：_____（先寫姓，後寫名）

地址：_____（門牌、街道、單位）

_____（市、郵區號碼）

電話：_____ 社會保障（即工卡）號碼：_____

JAPANESE

二か国語、または手話の通訳者サービス

私たちが話すことの内容をあなたに理解していただくために、二か国語、あるいは手話による通訳者の手配を無料にて行っています。あなたはこのような通訳サービスが必要ですか？この用紙に必要事項を記入の上、1ページ目の上部に記載されている住所宛に返送してください。

☐ はい、_____語を話す通訳者を手配してください。

☐ いいえ。自分で通訳者を用意するか、家族／親戚、または友人が私の通訳をします。この場合、私の通訳を行う者は、私があなたの言葉を理解するために十分な能力を持った者でなければならぬことを了承します。

私は_____語を話します。

名前：_____

住所：_____

番地

ストリート名

アパート番号

市

ZIPコード

電話：_____ ソーシャル・セキュリティ番号：_____

LAOTIAN

ໂຄງການລັບໃຊ້ດ້ານແປພາສາຕ່າງໆ ພ້ອມດ້ວຍພາສາກີກ

ພວກເຮົາສາມາດຊ່ວຍແປພາສາ, ແລະພາສາກີກໃຫ້ທ່ານໄດ້ໂດຍບໍ່ໃຊ້ຄ່າເງິນຫຍັງໜຶ່ງ, ຫວັງວາທ່ານຄິດຈະເຂົ້າໃຈສິ່ງທີ່ເວົ້າມານີ້. ທ່ານຕ້ອງການບາກໃຫ້ພວກເຮົາຊ່ວຍໃນດ້ານແປພາສາບໍ່? ກະຮຸນາເພີ່ມຂໍ້ຄວາມໃສ່ໃນຟອມນີ້ ແລ້ວໃຫ້ສົ່ງຕາມທີ່ຢູ່ຂ້າງເທິງນີ້.

☐ ຕົກລົງ. ຂ້ອຍຕ້ອງການບາກພາສາ ທີ່ ປາກພາສາ.....ໄດ້.

☐ ບໍ່. ຂ້ອຍຈະເອົາບາກພາສາຂອງຂ້ອຍເອງ ຫລື ຄົນທີ່ຢູ່ໃນຄອບຄົວ ຫລື ໝູ່ເພື່ອນມາເປັນບາກພາສາ. ຂ້ອຍເຂົ້າໃຈດີວ່າ ບາກພາສາຂອງຂ້ອຍຈະເຂົ້າໃຈດີທຸກຢ່າງທີ່ເວົ້າມານີ້. ຂ້ອຍປາກພາສາ.....

ຂໍ້ຂ້ອຍເປັນ _____

ທີ່ຢູ່ _____

ເລກເຮືອນແລະຄບ໌

ເລກບ້ານ

ເມືອງ _____ ນະຄອນຫລັກ _____ ອັດ _____ ເມືອງ _____

ໂທລະສັບ

ໂທລະສັບ

ອີເມວ

ເບີໂທ

이중언어 또는 귀먹은 사람을 위한 통역자 봉사

우리는 당신에게 우리가 무엇을 말하는지 아시도록, 이중언어나 사인언어 통역자를 무료로 제공해드릴수 있습니다. 우리가 당신께 통역자를 제공해 드리기를 원하십니까? 이 양식을 완성시키셔서 첫장의 맨 꼭대기에 적힌 주소로 돌려보내주십시오

- ☐ 네, 저는 _____ 말 할수있는 통역자가 필요합니다.
- ☐ 아니요, 저는 저의 통역자를 마련하거나 내 가족중에서나 친구가 저를 위해 통역을 해줄수있습니다. 저는 저의 통역자가 당신이 저에게 말하는 것을 제가 이해 할 수있게 할 능력이 있음을 인지합니다.
저는 _____ 말을 합니다.

저의 이름은 _____
성 이 름

주소: _____
거리 아파트 번호

시 우편번호

전화: _____ 사회보장제도번호: _____

ໂຄງການລັບໃຊ້ດ້ານແປພາສາຕ່າງໆ ພ້ອມດ້ວຍພາສາກີກ

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ກະຮຸນາເພີ່ມຂໍ້ຄວາມໃສ່ໃນຟອມນີ້ ແລ້ວໃຫ້ສົ່ງຕາມທີ່ຢູ່ຂ້າງເທິງນີ້.

- ☐ ຕົກລົງ. ຂ້ອຍຕ້ອງການນາຍພາສາ ທີ່ ປາກພາສາ.....ໄດ້.
- ☐ ບໍ່. ຂ້ອຍຈະເອົານາຍພາສາຂອງຂ້ອຍເອງ ຫລື ຄົນທີ່ຢູ່ໃນຄອບຄົວ ຫລື ໝູ່ເພື່ອນມາເປັນ ນາຍພາສາ. ຂ້ອຍເຂົ້າໃຈດີວ່າ ນາຍພາສາຂອງຂ້ອຍຈະເຂົ້າໃຈດີທຸກຢ່າງທີ່ເຈົ້າເວົ້າມາ. ຂ້ອຍປາກພາສາ.....

ຊື່ຂ້ອຍແມ່ນ _____
ນາຍສະກຸນ ຊື່

ທີ່ຢູ່ _____
ເລກເຮືອນແລະຕຸ້ນ ອາຄານ

ໂທລະຄາບ _____ ເລກໂສໂສ. _____
ເມືອງ ຮັດ ຊື່ບ້ານ

SPANISH
SERVICIOS DE INTERPRETATION BILINGUE E CONVERSACION POR SENAS

Nosotros podemos proporcionar un interprete de idioma o de senas, sin ningun cargo a usted, para que usted sepa lo que nosotros estamos diciendo. Quiere usted que nosotros proporcionemos a un interprete?

Complete este formulario y devuelva a la direccion listada a la cima de la primera pagina.

____ Si, yo necesitare a un interprete bilingue de _____

____ No, yo proporcionare a mi propio interprete o tendre un miembro familiar o amigo interpretando para mi. Yo entiendo que mi interprete debe ser bastante bueno, para que yo sepa lo que usted esta diciendome.
Yo hablo/comprendo _____ language

Nombre _____
Apellido _____ nombre de pila _____

Direccion _____
Calle _____ numero _____

Telephono _____ Ciudad _____ codigo postal _____
Numero de Seguridad Social _____

MARSHALLESE
Kajin ko jet im jemaron in komeleleik doon kaki

Kom maron in jiban eok kon juon eo im emaron Ukok jabdewot kajin bwe kwon maron melele ta ko komij konono kaki. Kokonan ke bwe komin bukot juon rukot ainikiem ak ainikiom?

- () Aet, inaj aikuj juon ri _____ bwe en maron iton
ukok tok nan eo.
() Jaab, inaj make kabbukot juon ao rukok, ak ne ejjab eokwe juon nuku ak jera eo im elab an tijemlok ilo
ukok bwe in maron melele kon aolep men ko komnej ba tok nan eo.

Na ij konono im melele kajin _____.

Eta in _____ Last Name eo ao ej _____
Address: _____

Phone : _____ Social Security number: _____

TRUKESE
MI WOR ACH ANINIS NON PEKIN AWEWE ME NON PEKIN POM

Kich mei tongeni awora chon epwe awewe me chon pom nge kosap moni, pun sia mochen om kopwe weweiti met sia tongeni arenuk. En mei mochen epwe wor chon awewe ngomuk?

Kopwe amasawa ei toropwe, iwe ka tongeni tini ngeni ei neni mei nom asan ei paich.

// cheki U, ngang upwe nounou _____ chon awewe.

// Ap, upwe pusin awora nei chon awewe are upwe pusin areni chon non ai family
ika
upwe areni emon chiechiei. Ngang mei weweiti pwe io epwe chon awewe ngeni
ei epwe fokun sinei meinisin met ami aua areni ei.
Ngang ua kapas/ wewe non _____
Itom _____

Neniom _____ Ome nas name _____ Itom _____

Phone _____ nampan noum sosen sikuriti _____

EQUAL OPPORTUNITY TO SERVICES

THE HAWAII DEPARTMENT OF HUMAN SERVICES is committed to providing services and opportunities for persons to participate in its programs and activities without regard to race, color, national origin, age, sex, disability, religion or political beliefs. This applies to the application for services, determination of eligibility, and decisions relating to on-going services and benefits.

ACCOMMODATIONS to assist you in accessing our services (e.g. sign or foreign language interpreters, large print, taped materials or accessible parking, etc.) can be provided at no charge, if requested ahead of time.

A COMPLAINT may be filed if you believe that you have been discriminated against. To do so, contact the Department's CIVIL RIGHTS COMPLIANCE OFFICE at P. O. Box 339, Honolulu, Hawaii 96809-0339, or Phone: 586-4955 (voice) or 586-4959 (TT).

Information about your complaint will not be released to anyone except if necessary to investigate and resolve your complaint.

Equal Opp. to Svcs. - English
DHS-9003 (06/95)

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Equal Opp. to Svcs. - English
DHS-9003 (06/95)

Wewen jeraman ko im jemaron in bok kunaad ie

Department eo an Human Services ilo Hawaii ej tomak ilo lelok jiban im lukun jeraman ko jet nan arnej nan aer bok kunaer ilo program im emakitkit ko woj ilo ejelok kalijoklok ikijien jikin lotak, kil, kabun, dettan, man ak kora, naninmej ak utame ko an enbwin.

Wewen ko renaj bar jelet wot application eo am im bareinwot, aer naaj lale elane kokkar nan am maron buki services kein im bareinwot benefits kein.

Men eo im kom naaj monono in jiban eok kaki_ (wanjonak: katakin eok kilen ukok sign ak foreign language, large print, taped materials or accessible parking, etc.) kom maron lewaj ilo ejjelok onaer ne konaj kajjitok moktalok im jab rumuj.

Komaron komman am abnono ne kwoj kwoj kile ke ejjab jokkun wot juon am jermal ibbam ilo am naaj kir lok Department's Civil Rights Compliance Office ilo P. O. Box 339, Honolulu, Hawaii 96809-0339. Ne ejjab eokwe call lok 586-4955 (Voice) ak 586-4959 (TT).

Melele ko im renaj jelet complain eo am reban walok nan jabdewot kain jokjokwotomjej ijelokkin wot ne renaj aikuj bwe ren etali im komeleleiki complain eo am.

**Equal Opp. to Svcs. – Marshallese
DHS 9003 (05/01)**

Wewen jeraman ko im jemaron in bok kunaad ie

Department eo an Human Services ilo Hawaii ej tomak ilo lelok jiban im lukun jeraman ko jet nan arnej nan aer bok kunaer ilo program im emakitkit ko woj ilo ejelok kalijoklok ikijien jikin lotak, kil, kabun, dettan, man ak kora, naninmej ak utame ko an enbwin.

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**Equal Opp. to Svcs. – Marshallese
DHS 9003 (05/01)**

EQUAL OPPORTUNITY SERVICES (servicios para la igualdad de derechos) La Seccion de Hawaii de Servicios Humanos se compromete a mantener servicios y oportunidades para las personas participaren en sus programas y actividades sin tener en cuenta a raza, color, el origen nacional, edad, sexo, incapacidad, religion o creencias politicas. Esto se aplica a las peticiones para los servicios, determinacion de elegibilidad, y decisiones que se relacionan a los servicios continuos y beneficios.

COMODIDAD, para ayudarle acceder nuestros servicios (ex: interpretes de idioma e de conversacion por senas, materiales de impresion grande grabo e en cinta magnetofonica, o el aparcamiento accesible, etc.) puede proporcionarse sin ningun cargo, si hacieren pedido en adelantado.

Una **QUEJA** puede ser presentada si usted cree que hay discriminacion en contra. Para hacerlo, avise la **OFICINA de COMPLACENCIA de DERECHOS CIVIL (CIVIL RIGHTS COMPLIANCE OFFICE)** a P.O.Box 339, Honolulu, Hawaii.

No se soltara informacion sobre su queja a cualquiera, excepto si necesario investigar y resolver su queja.

Equal Opp. to Svcs. - Spanish
DHS 9003 (05/01)

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Equal Opp. to Svcs. - Spanish
DHS 9003 (05/01)

NONOFENGEN NON PEKIN ANINIS

NON EI HAWAII DEPARTMENT OF HUMAN SERVICES kick mei fokun awora ekoch pekin aninis ren kich aramas io mi mochen nom won ekei pekin aninis me pwan ekoch me nukun ekei sia afata. Ina mo are kich sia feito seni neni ese nifinifin, anuach, nefonguch, kich mwam are fefin, namanam, io mi wor terin, me pwan om pusin nuknunun non mun.

METECH MEI TONGENI KAWOR ren ach sipwe tongeni anisi ach angang fan itom (ekei pekin pom, chon awewe non kapasan ekis, awatenon mesan mak, pisekin ausening, me pwan aninisin parking me pwan ekoch). Ese tongeni kamo are mei asinesin ngeni kich me mwan.

REN MET KOSAP TIPEW NGENI are pwe en mei nuku pwe en mei tongeni angei ekei pekin aninis, nge rese mut ngonuk are rese mochen aninisocho ngonuk, iei ei neni kopwe churir pwe repwe anisuk nampan, Department's CIVIL RIGHT COMPLIANCE OFFICE P. O. BOX 339, HONOLULU, HAWAII 96809-0339, or Phone: 586-4955 (voice) or 586-4959 (TT).

Ren noum ei torpwe ese fokun tongeni epwe mumuta ngeni emon chienon chok are epwe wor chosa won me pungunon om ei osukosuk kose tipweu ngeni.

Equal Opp. to Svcs. - Trukese
DHS 9003 (05/01)

NONOFENGEN NON PEKIN ANINIS

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Equal Opp. to Svcs. - Trukese
DHS 9003 (05/01)

PANTAY-PANTAY NA PAGKAKATAON SA MGA SERBISYO

ANG KAGAWARAN NG PANTAONG-SERBISYO NG HAWAII ay nangangako sa pagbibigay ng mga serbisyo at pagkakataon para sa mga tao na makisali sa kanilang mga programa at mga gawain ng hindi nagbibigay pansin sa lahi, kulay, bayan na pinanggalingan, edad, sekso, kapinsalaan, relihiyon, o pampolitikong paniniwala. Ito ay nauukol sa paghihiling ng serbisyo, pagpapasiya sa karapatang mahirang, at mga pagpapasiya tungkol sa mga pangkasalukuyang serbisyo at kapakinabangan.

ANG MGA KALUWAGAN na nakakatulong sa inyo sa paglapit sa aming mga serbisyo (halimbawa, tagapagsalin ng di-katutubong wika at paggamit ng senyas, malaking tatak, nakadiket na materyales o malapit na paradahan, at iba pa) ay maibibigay ng libre kung hiniling ng maaga.

Maari kayong magharap ng REKLAMO kung naniniwala kayo na kayo ay naapi. Sa paggawa nito, makipag-alam sa OPISINA NG PAGSUNOD NG KARAPATANG PAMBAYAN ng Kagawaran sa P.O. Box 339, Honolulu, Hawaii 96809-0339, o Telepono: 586-4955 (Tinig 586-4959)

Ang impormasyon tungkol sa inyong reklamo ay hindi ibibigay sa kaninuman maliban kung kinakailangan sa pag-imbesta o paglutas ng inyong reklamo.

Pantay-Pantay na Pagkakataon sa mga Serbisyo (Tagalog)
DHS-9003 (06/95)

PANTAY-PANTAY NA PAGKAKATAON SA MGA SERBISYO

ANG KAGAWARAN NG PANTAONG-SERBISYO NG HAWAII ay nangangako sa pagbibigay ng mga serbisyo at pagkakataon para sa mga tao na makisali sa kanilang mga programa at mga gawain ng hindi nagbibigay pansin sa lahi, kulay, bayan na pinanggalingan, edad, sekso, kapinsalaan, relihiyon, o pampolitikong paniniwala. Ito ay nauukol sa paghihiling ng serbisyo, pagpapasiya sa karapatang mahirang, at mga pagpapasiya tungkol sa mga pangkasalukuyang serbisyo at kapakinabangan.

ANG MGA KALUWAGAN na nakakatulong sa inyo sa paglapit sa aming mga serbisyo (halimbawa, tagapagsalin ng di-katutubong wika at paggamit ng senyas, malaking tatak, nakadiket na materyales o malapit na paradahan, at iba pa) ay maibibigay kung hiniling ng maaga.

Maari kayong magharap ng REKLAMO kung naniniwala kayo na kayo ay naapi. Sa paggawa nito, makipag-alam sa OPISINA NG PAGSUNOD NG KARAPATANG PAMBAYAN ng Kagawaran sa P.O. Box 339, Honolulu, Hawaii 96809-0339, o Telepono: 586-4955 (Tinig 586-4959)

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Pantay-Pantay na Pagkakataon sa mga Serbisyo (Tagalog)
DHS-9003 (06/95)

(Samoan) EQUAL OPPORTUNITIES TO SERVICES

AVANOA TUTUSA MO FESOASOANI

Ua folafolaina e le OFISA O GALUEGA MA FESOASOANI ESEESE MO TAGATA se latou fa'amautaina o la latou galuega ina ia maua e tagata uma ni avanoa e auai i porokalama eese e aunoa ma se fa'aailoga atunu'u, lanu, nu'u na e fanau ai, tausaga o le soifuaga, tane po'o le tama'ita'i, afaina o le tino po'o le mafaufau, tapuaiga, po'o talitonuga fa'apolokiki. E a'afia ai le talosaga mo ni fesoasoani, fuafuaina o lou agava'a, ma filifiliga fa'atatau i galuega fa'aauau ma ituaiga mea e maua ai.

O AUALA ESEESE e fesoasoani ia te oe e te maua ai a matou fesoasoani (fa'ata'ita'i: fa'amatala upu i lau lava gagana po'o le gagana a le gugū, mata'itusi lapopo'a, fa'amaumauga ua uma ona pu'e i le laau pu'e leo, po'o se paka o le ta'avale e faigofie ona o'o iai) e maua uma e aunoa ma se totogi pe afai e te talosagaina vave.

O SE TAGI LE MALIE e mafai ona fai pe afai ua iai se talitonuga ua faia se fa'aailoga tagata ia te oe. Ia e fa'afeso'ota'i le OFISA O LE FA'AMALOSIINA O AIA TATAU i le tuatusi o le P.O. Box 339, Honolulu, Hawaii 96809-0339, telefoni 586-4955 (leo) 586-4959 (TT).

E le mafai ona ave fua i seisi ni fa'amatalaga e uiga i lau tagi vagana ni su'esu'ega e fa'atatau i se fa'ai'uga e to'afilemu ai.

(Samoan) EQUAL OPPORTUNITIES TO SERVICES

AVANOA TUTUSA MO FESOASOANI

Ua folafolaina e le OFISA O GALUEGA MA FESOASOANI ESEESE MO TAGATA se latou fa'amautaina o la latou galuega ina ia maua e tagata uma ni avanoa e auai i porokalama eese e aunoa ma se fa'aailoga atunu'u, lanu, nu'u na e fanau ai, tausaga o le soifuaga, tane po'o le tama'ita'i, afaina o le tino po'o le mafaufau, tapuaiga, po'o talitonuga fa'apolokiki. E a'afia ai le talosaga mo ni fesoasoani, fuafuaina o lou agava'a, ma filifiliga fa'atatau i galuega fa'aauau ma ituaiga mea e maua ai.

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ໂອກາດເທົ່າທຽມກັນໃນດ້ານການບໍລິຫານ

ກະຊວງປະຊາສົງຄາມຂອງຮາວາຍມີພາລະບໍລິຫານແລະເປີດໂອກາດແກ່ທຸກຄົນໃຫ້ມາເຂົ້າຮ່ວມໃນໂຄງການ ແລະກິດຈະກຳຂອງກະຊວງໂດຍບໍ່ຖືຊົນຊາດ, ສີ, ສັນຊາດ,, ອາຍຸ, ເພດ, ຄວາມພິການ,ສາສນາຫຼືຄວາມເຊື່ອຖືໃນດ້ານ ການເມືອງ. ມີແມ່ນໄຊ້ໄດ້ນຳຄຳຂໍການບໍລິຫານ, ການກຳນົດໃນດ້ານຄວາມເໝາະສົມ,ແລະການຕັດສິນກ່ຽວກັບການ ບໍລິຫານທີ່ຍັງດຳເນີນຢູ່ແລະປະໂຫຍດຕ່າງໆ.

ການຈັດຫາສິ່ງອຳນວຍຄວາມສດວກ ເພື່ອຊ່ວຍໃຫ້ທ່ານໄດ້ຮັບການບໍລິຫານ(ເຊັ່ນ ນາຍພາສາກົກ ຫຼື ຜູ້ແປພາສາຕ່າງດ້າວ, ການພິມໂຕໜັງສືໃຫຍ່, ເນື້ອເຮືອງທີ່ອັດໃສ່ເທັບ ຫຼື ບ່ອນຈອດຣິດທີ່ເຂົ້າສດວກ, ໆລໆ) ສາມາດມີໃຫ້ໄດ້ແບບບໍ່ເສັງຄ່າ, ຖ້າຮ້ອງຂໍມາລ່ວງໜ້າ.

ການຮ້ອງທຸກອາດຈະມີຂຶ້ນຖ້າທ່ານເຊື່ອວ່າໄດ້ມີການເລືອກຊັ້ນວັນນະ. ເມື່ອຮ້ອງທຸກ, ໃຫ້ຕິດຕໍ່ຫາຫ້ອງການຂອງ ກະຊວງປະຕິບັດຕາມສິດທິມະນຸດ ທີ່ຕັ້ງໄປສະນີ 339 ໂຮໂນລູລູ, ຮາວາຍ 96809-0339, ຫຼືໂທຮະຊັບ 586-4955 (ພາສາເວົ້າ/ 586-4959 (TT)

ຂໍ້ມູນກ່ຽວກັບການຮ້ອງທຸກຂອງທ່ານ ຈະບໍ່ຖືກເປີດເຜີຍໃຫ້ໃຜຝັ່ງໄດ້ ນອກຈາກວ່າຖ້າຈຳເປັນຕ້ອງມີການສອບສວນ ຫຼື ແກ້ໄຂຄຳຮ້ອງທຸກຂອງທ່ານ.

Equal Opp. To SVCS-Laotian
DHS-9003 (06/95)

ໂອກາດເທົ່າທຽມກັນໃນດ້ານການບໍລິຫານ

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ການຈັດຫາສິ່ງອຳນວຍຄວາມສດວກ ເພື່ອຊ່ວຍໃຫ້ທ່ານໄດ້ຮັບການບໍລິຫານ(ເຊັ່ນ ນາຍພາສາກົກ ຫຼື ຜູ້ແປພາສາຕ່າງດ້າວ, ການພິມໂຕໜັງສືໃຫຍ່, ເນື້ອເຮືອງທີ່ອັດໃສ່ເທັບ ຫຼື ບ່ອນຈອດຣິດທີ່ເຂົ້າສດວກ, ໆລໆ) ສາມາດມີໃຫ້ໄດ້ແບບບໍ່ເສັງຄ່າ, ຖ້າຮ້ອງຂໍມາລ່ວງໜ້າ.

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Equal Opp. To SVCS-Laotian
DHS-9003 (06/95)

サービスにおける機会の均等

ハワイ人事サービス部 (HAWAII DEPARTMENT OF HUMAN SERVICES) はみなさまの人種、肌色、出身国、年齢、性別、心身障害、宗教あるいは政治的見解にかかわらず、全ての方々に当部のサービス、ならびに当部のプログラムや活動に参加していただく機会を提供することをお約束いたします。これはサービスの申し込み、サービスを受ける資格の有無の決定、ならびに現在受けているサービスや得点に関する決断等にも適用されます。

当部のサービスを利用しやすくするための諸便宜（例：手話あるいは外国語の通訳、大型プリント文字、テープによる資料、駐車場手配等）は、前もってお知らせ下されば無料で手配いたします。

差別をお受けになったと思われる場合は苦情の申し立てをすることができます。その際は当部の公民権協力事務所 (CIVIL RIGHTS COMPLIANCE OFFICE) までご連絡下さい。住所は P.O. Box 339, Honolulu, Hawaii 96809-0339、電話番号は 586-4955、または 586-4959 (TT = 聴力障害者のための特別電話) です。

みなさまからいただいた苦情は、苦情の調査ならびに処理に必要な場合以外には決して公開されません。

Equal Opp. to Svcs. - Japanese
DHS-9003 (06/95)

サービスにおける機会の均等

ハワイ人事サービス部 (HAWAII DEPARTMENT OF HUMAN SERVICES) はみなさまの人種、肌色、出身国、年齢、性別、心身障害、宗教あるいは政治的見解にかかわらず、全ての方々に当部のサービス、ならびに当部のプログラムや活動に参加していただく機会を提供することをお約束いたします。これはサービスの申し込み、サービスを受ける資格の有無の決定、ならびに現在受けているサービスや得点に関する決断等にも適用されます。

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Equal Opp. to Svcs. - Japanese
DHS-9003 (06/95)

'OKU MAFAI TATAU 'AE TOKOTAHAKOTOA PE KIHE NGA'AHIPOLOKALAMA 'O FELAVA'I MOE TOKONI KIHE KAKAI'.

KOE NGA'AHIPOTUNGAUE KE TOKONI'I 'OE KAKAI kuo nau 'osi fai e fokotu'utu'u kihe kakai tenau fie kau kihe ngaahi polokalama kehekehe 'ae pule'anga 'o tatau ai pe pe ko ho'o ha'u meihe fonua fe, pe lanu ha ho kili', matakali fe, lahi ho ta'u, tangata pe fefine, mahamahaki pe 'ikai,,fa'ahinga lotu pe fa'ahinga tui fakapolitikale , 'oku ke tui kiai.

'O hange koe ngaahi tokoni koeni (talanoa 'o ngaue'aki ho nima, fakatonulea, faka'atalahi 'oha saina, hiki tepi'I 'oha ngaahi fakamatala pe fakahinohino pe ki hano ma'u ha'o pakingi kapau 'oku ke mahamahaki) 'e lava pe keke ma'u 'o 'ikai totongi 'o kapau 'e fai kiai ha'o tohi kole.

'Okapau 'oku ke fakakaukau 'oku nau filifilimanako 'oku tonu keke fai mai ha'o tohi launga kihe Department's Civil Rights Compliance Office at P. O. BOX 339,HON. HI.96809-0339, OR Phone:586-4955(voice) or 586 -4959 (TT).

Koe ngaahi fakamatala kotoa pe 'o felave'I mo ho'o launga' 'e 'ikai ngofua ke 'ilo kiai ha taha tukukehe 'okapau 'e fiema'u ke fai'aki hano fakatotolo'I ho'o launga'.

Equal Opp. to Svcs. - Tongan
DHS 9003 (05/01)

'OKU MAFAI TATAU 'AE TOKOTAHAKOTOA PE KIHE NGA'AHIPOLOKALAMA 'O FELAVA'I MOE TOKONI KIHE KAKAI'.

KOE NGA'AHIPOTUNGAUE KE TOKONI'I 'OE KAKAI kuo nau 'osi fai e fokotu'utu'u kihe kakai tenau fie kau ki he ngaahi polokalama kehekehe 'ae pule'anga 'o tatau ai pe pe ko ho'o ha'u meihe fonua fe, pe lanu ha ho kili', matakali fe, lahi ho ta'u, tangata pe fefine, mahamahaki pe 'ikai,,fa'ahinga lotu pe fa'ahinga tui fakapolitikale , 'oku ke tui kiai.

'O hange koe ngaahi tokoni koeni (talanoa 'o ngaue'aki ho nima, fakatonulea, faka'atalahi 'oha saina, hiki tepi'I 'oha ngaahi fakamatala pe fakahinohino pe ki hano ma'u ha'o pakingi kapau 'oku ke mahamahaki) 'e lava pe keke ma'u 'o 'ikai totongi 'o kapau 'e fai kiai ha'o tohi kole.

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Koe ngaahi fakamatala kotoa pe 'o felave'I mo ho'o launga' 'e 'ikai ngofua ke 'ilo kiai ha taha tukukehe 'okapau 'e fiema'u ke fai'aki hano fakatotolo'I ho'o launga'.

Equal Opp. to Svcs. - Tongan
DHS 9003 (05/01)

CÓ HỘI BÌNH ĐẲNG ĐỐI VỚI CÁC DỊCH VỤ

BỘ CỨU TẾ XÃ HỘI HAWAII cam kết cung cấp các dịch vụ và cơ hội cho những người tham gia vào các chương trình và các hoạt động của Bộ không phân biệt về chủng tộc, màu da, nguồn gốc dân tộc, tuổi tác, phái nam hay nữ, khiếm tật, tín ngưỡng hoặc quan điểm chính trị. Điều này ứng dụng cho việc đệ đơn xin các dịch vụ, sự xác định có đủ tiêu chuẩn hay không, và những sự quyết định liên quan tới các dịch vụ và những quyền lợi hiện hành.

CÁC TIỆN NGHI giúp đỡ Quý vị trong việc sử dụng các dịch vụ (ví dụ như những người thông ngôn bằng cách ra dấu hiệu hoặc các thông dịch viên ngoại ngữ, chữ in lớn, các tài liệu thu băng hoặc những chỗ đậu xe, v.v...) có thể được cung cấp miễn phí nếu yêu cầu trước.

Quý vị có thể đệ đơn khiếu nại nếu tin rằng mình bị kỳ thị. Để làm như vậy, xin liên lạc Văn Phòng Phục Tòng Dân Quyền của Bộ CIVIL RIGHT COMPLIANCE OFFICE ở P.O. Box 339 Honolulu, Hawaii 96809-0339, hoặc điện thoại: 586-4955 (tiếng nói) / 586-4959 (TT)

Tin tức về sự khiếu nại của Quý vị sẽ không được tiết lộ cho bất cứ ai ngoại trừ nếu cần thiết để điều tra và giải quyết việc khiếu nại.

Equal Opp. to SVCS-Vietnamese
DHS-9003 (06/95)

CÓ HỘI BÌNH ĐẲNG ĐỐI VỚI CÁC DỊCH VỤ

BỘ CỨU TẾ XÃ HỘI HAWAII cam kết cung cấp các dịch vụ và cơ hội cho những người tham gia vào các chương trình và các hoạt động của Bộ không phân biệt về chủng tộc, màu da, nguồn gốc dân tộc, tuổi tác, phái nam hay nữ, khiếm tật, tín ngưỡng hoặc quan điểm chính trị. Điều này ứng dụng cho việc đệ đơn xin các dịch vụ, sự xác định có đủ tiêu chuẩn hay không, và những sự quyết định liên quan tới các dịch vụ và những quyền lợi hiện hành.

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Equal Opp. to SVCS-Vietnamese
DHS-9003 (06/95)

在服務上有公平的待遇

夏威夷民眾服務部保證提供各種服務和機會給所有參與我們主辦的一切項目和活動的人而不論種族，膚色，原籍，年齡，性別，殘障，宗教或政治信仰，以上適用於各項服務之申請，資格之裁定，以及一切有關持續服務和福利之決定。

設施：一切用以協助你得到我們的服務的設施，例如：手語或外語譯員，大字印刷品，錄音或錄像之資料或方便泊車位等等），如果你預早提出要求，我們可以免費提供。

投訴：如果你相信你曾受到歧視，你可以向人權違守辦公室投訴。通訊處 P.O. Box 339, Honolulu, Hawaii 96809-0339. 或電 586-4955（普通人和聾啞人）

關於你的投訴，資料絕對保密。除非為了進行調查以及解決你的投訴。

Equal Opp. to Svcs - Chinese
DHS-9003 (06-95)

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Equal Opp. to Svcs - Chinese
DHS-9003 (06-95)

공평한 서비스

하와이주 사회후생국은 본 사회후생국에서 실시하는 프로그램이나 업무수행에 있어 민족, 피부색, 출신국, 연령, 성별, 신체장애, 종교 또는 정치적 신념에 관계없이 서비스와 참여의 기회를 공평하게 제공 할 것을 약속합니다. 본 약속은 서비스의 신청, 자격심사와 현재 받고 있는 서비스나 복지 수당에 관한 결정에 적용됩니다.

우리가 제공하는 서비스를 이용하는데 필요한 도움(예: 手話, 외국어 통역, 큰 활자 인쇄물, 녹음한 자료, 사용가능한 주차장등)을 사전에 요청하시면 무료로 제공해드릴 수 있습니다.

항의: 차별을 받았다고 생각될 때는 항의를 제출할 수 있습니다. 이러한 항의는 본 사회후생국의 민권 준수실 (CIVIL RIGHTS COMPLIANCE OFFICE)로 연락하십시오. 우편주소 P.O. BOX 339, HONOLULU, HAWAII 96809-0339, 일반 전화 586-4955 , 맹아용 전화 586-4955

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Equal Opp to Svc - Korean
DHS-9003 906/960

공평한 서비스

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Equal Opp to Svc - Korean
DHS-9003 906/960

ILOCANO

SANGAPADA A GUNDAWAY KADAGITI SERBISIO
(EQUAL OPPORTUNITY TO SERVICES)

NAIPAKUMIT ITI DEPARTAMENTO DAGITI SERBISIO nga agpaay kadagiti tattao ditoy Hawaii (THE HAWAII DEPARTMENT OF HUMAN SERVICES) ti pannakaipaay dagiti serbisio ken gundaway kadagiti tao tapno makiramanda kadagiti programa ken aramid nga awan ti pannakaibilang ti puli, maris ti kudil, pagilian a naggapoan, edad, kinatao (sex), saan a pannakabalbalin (disability), relihion, wenno pammati iti politika. Maipakat daytoy iti panagkiddaw iti serbisio, pannakaamiris ti pannakaitutop, ken pangngeddeng mainaig iti agdama a serbisio ken tulong (benefits).

MAIPAAY TI TULONG kadakayo tapno nalaka ti pannakaalayo kadagiti serbisio (kas iti agyulog babaen ti senias wenno sabali a pagsasao--foreign language, naisurat iti dadakkel, banbanag a mangegan babaen ti makina--taped materials wenno nalaka a sapulen a pangisardengan ti lugan--accessible parking, ken dadduma pay) mabalin a maipaay nga awan bayadna, no makiddaw a nasapsapa.

MABALIN A MAIPAULI TI DARUM no mamatika nga adda naaramid a pannakaisalsalumina a maisupiat kenka. Tapno maaramid daytoy, awagan ti Opisina nga Agipatungpal kadagiti Nailian a Kalintegan ti Departamento (Department's CIVIL RIGHTS COMPLIANCE OFFICE) iti P.O. Box 339, Honolulu, Hawaii 96809-0339, wenno Telepono: 586-4955 (timek)/586-4959 (TT).

Dagiti inpormasion maipapan iti darumyo saan a mabalin a maited iti siasino man malaksid no kasapulan iti pannakausig ken pannakaritut ti darumyo.

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Limited English Proficiency (LEP) Division/Office Report

For: July 1, 2007—December 1, 2007

Form to be completed and submitted to DHS, Civil Rights Compliance Staff, no later than December 1 of each year. The information will be used to determine (among other things) the number of LEP persons requiring translation services and types of languages needing translated. DHS,CRCS, will utilize the questionnaire to gather more detailed information necessary to enable DHS to provide meaningful access to LEP clients.

Division/Office: _____ Contact Person _____

Total LEP Persons:	<i>Number Served</i>
Methods used to Inform LEP Persons of LEP Information	<i>Yes or No</i>
Language identification flashcard	
Posters informing LEP persons of language services	
Outreach documents in other languages	
TeleInterpreters Services	
Multilanguage mailer inserts	
LEP information on website	
Other:	
Types of Documents Translated:	<i>Yes or No</i>
Applications	
Agendas/Minutes	
Letters or notices regarding public meetings	
Complaint forms	
Other:	
Number of complaints filed due to language access issues:	<i>Number of Grievances or Complaints</i>
Please indicate number of grievances and/or complaints your division or office handled during the report period because of language access issues. Please also provide below or on an attachment the date filed and a short description of the issue.	

How we will accomplish each component of the DHS LEP Plan

A. General

The DHS plan summarizes and aggregates activities of a diverse set of programs. The process of developing this strategic plan to improve language access underscores the need for continuing commitment and cooperation across DHS to resolve a number of challenges and open questions. These challenges are not unique to DHS, and hence we would welcome the opportunity to work with other Departments and agencies as we all strive to implement our plans and further refine our strategies for language access.

The LEP Task Force will address several critical challenges that we will encounter during the next year and in years to come, specifically:

- o How can we best coordinate activities across all relevant programs in DHS, particularly in the neighbor island offices that provide support to our program participants and potential participants?
- o How can we develop partnerships to assist in improving language assistance? How can we more effectively share "best practices" among divisions and across DHS programs?
- o How can we best leverage existing assets within the Department in order to most efficiently and effectively acquire and deploy such language services as translation or interpretation?
- o To what extent should we develop consistent policies, procedures or criteria across the Department in order to improve the efficiency or effectiveness of language access services? How should the development of policies and procedures be structured within DHS, and what types of policies and procedures are appropriate for a distributed organization such as DHS?
- o How can we build upon and improve our partnerships with organizations that represent LEP constituencies to more effectively accomplish our goals?

B. Steps DHS will take: (FY 2007-2010)

1. Develop a reporting system designed to obtain key information about the LEP population who use Division services or have the potential for doing so.

Each division will gather information about what languages they speak, what DHS services they use, and the frequency in which they use these services.

Each DHS Division will have in place mechanisms to assess, on a regular and consistent basis, the LEP status and language assistance needs of current and potential clients, as well as mechanisms to assess the Divisions' capacity to meet these needs according to the components of this plan. Specifically, each division will:

- o Improve its mechanisms for assessing LEP status and language assistance needs of current and potential clients, particularly for outreach and assistance activities such as customer service phone numbers, clearinghouses, ombudsman activities, satisfaction instruments and web sites.
- o Examine existing data sources (such as, and not limited to the latest Census data and Census Bureau's American Community Survey) to evaluate need for particular language services where program-specific data is not sufficient or available.
- o Share data across Divisions on estimated language needs of DHS customers and of individuals that DHS funded entities serve. This data will include information on complaints received from LEP individuals who allege inadequate language assistance from funded entities, as well as data from customer satisfaction surveys.
- o Continue to assess the capacity of the Division on a regular basis to meet the language assistance needs of LEP individuals, and to the extent practicable, coordinate across DHS programs in order to maximize the efficiency with which DHS can serve its clients. (i.e, SWOT Analysis).
- o Work with other State Departments to identify areas where coordination or collaboration would improve the efficiency with which similar services or messages can be conveyed to similar populations.
- o Continue to work with others to identify "best practices" and examples of needed skill sets for recruiting and continued development of multi-lingual and multi-cultural staff.
- o Provide a report to designated LEP Plan Coordinators no later than December 1, 2007 and every two years thereafter.

2. Compile comprehensive multi-lingual listing of DHS employees

- o Explore how to identify existing staff-based knowledge of non-English languages and various cultures and how to leverage that knowledge base.
- o Volunteers from employee pool will be identified and updated lists distributed to Divisions semi-annually by CRCS. (See Attachment A for example)

3. Notify applicants and potential applicants of interpretation/translation services proactively

Each division will provide notices to proactively inform LEP individuals of the availability of free language assistance services through both oral and written notice in his or her primary language. (See Attachment B) Specifically, each Division will:

- o Distribute guidance directly and over the Internet to applicants, potential applicants and sub-recipients in languages identified in assessments
- o Develop ways to ensure simplicity and understanding in notices and vital documents.
- o Develop a handbook (consumer version) explaining services available
- o Highlight availability of consumer-oriented materials in languages other than English on web sites
- o Identify "best practices" in providing notice to LEP individuals that can be replicated.

4. Provide interpretation/translation services for qualified LEP individuals.

Oral

Each division will arrange for provision of oral language assistance in response to the needs of LEP individuals, in face-to-face and telephone encounters. Specifically, each Division will:

- o Identify current arrangements and resources available to each program and activity for the provision of oral language assistance and make such resources known within each program and identify assets that can be shared across programs.
- o Research new arrangements that could provide language assistance resources more efficiently throughout the Department, such as the potential use of a central language line for oral translations.
- o Take steps to make oral language assistance available to individuals seeking assistance from DHS programs in response to needs identified by assessments and within resource constraints.
- o Seek to identify and implement ways to improve the efficacy of grantees, contractors and others who are required to provide oral language assistance to LEP individuals, through clearer requirements, technical assistance, dissemination of best practices, coordinated support and other approaches.
- o Identify "best practices" in delivery of oral language assistance services that can be used in DHS divisions and programs.

Written

Each division will identify and produce vital documents in languages other than English where a significant number of the individuals served or eligible to be served has limited English proficiency. Such written materials might include, and are not limited to paper and electronic documents such as publications, notices, correspondence, web sites, and signs. Specifically each Division will:

- o Define and identify its "vital documents" and take steps to ensure that vital documents are translated where the program regularly encounters languages other than English in serving the public.
- o Research new arrangements that could provide written language assistance resources more efficiently throughout the Department.
- o Take steps to make written language assistance available to individuals seeking assistance from DHS programs in response to needs identified by assessments and within resource constraints.
- o Seek to identify and implement ways to improve the efficacy of grantees, contractors and others who are required to provide written language assistance to LEP individuals, through clearer requirements, technical assistance, dissemination of best practices, coordinated support and other approaches.
- o Identify "best practices" in delivery of oral language assistance services that can be used in DHS divisions and programs.

5. Designate a LEP Plan Coordinator

Each division will designate a LEP Plan Taskforce representative and one backup representative for continuity purposes. A Plan Coordinator for each Division will be named for implementation and reporting purposes. DHS, Civil Rights Compliance Officer, Geneva Watts, is designated as DHS LEP Plan Coordinator for representation of the Department at State meetings. Specifically, she will:

- o Share responsibility with Divisions for implementation of the LEP Plan
- o Respond to any inquiries or comments/complaints regarding the Plan and its implementation
- o Make any revisions and modifications to the Plan as necessary
- o Train DHS employees by providing background necessary to implement objectives of the Plan. Electronic media will be used where practical.
- o Serve as the primary contact for LEP individuals who need written translation of vital DHS documents, and
- o Coordinate efforts to implement, monitor, evaluate and invite stakeholders' input aimed at improving the current plan.

6. Train DHS staff in implementation of DHS LEP Plan

Each Division will provide for training of front-line and managerial staff aimed at effectively implementing the plan within the Division. Specifically, each Division will:

- o Take steps to provide for adequate training concerning policies, procedures, practices related to language assistance activities and the resources available in each division.
- o Take steps to provide for adequate training of individuals who communicate with funded entities about the requirements of Title VI and DHS policy guidance.
- o Identify "best practices" in programs for organizational training and maintenance of proficiency that can be implemented in DHS programs.
- o Develop mechanisms to monitor needs of LEP individuals and to relate those needs into specific training for individuals identified by their programs and divisions as responsible for providing language access services.

7. Seek stakeholders' input in assessing access and quality and in review and revision of the DHS LEP Plan

Each Division will institute procedures to assess the accessibility and quality of language assistance activities for LEP individuals. Specifically, each Division will:

- o Identify steps to assure regular assessment of services related to access and quality
- o Identify clearly a designee where LEP individuals can take their concerns and complaints if they feel they are not being understood
- o Identify "best practices" for monitoring and quality assurance procedures that can be used in language assistance activities of sub-recipients
- o Measure improvements in language access in individual programs. Take steps to insure that such information is collected in a manner that increases comparability across programs.
- o Disseminate information across the Department to facilitate DHS wide learning and coordination.

Attachment F

Example of Language Line Telephone Interpreter Procedures

When an in-person interpreter within DHS cannot be located, then DHS employee helping the individual will call Language Line by dialing 1-800-874-9426. The DHS employee will then be prompted to enter DHS Client ID. If the individual indicates he or she speaks Spanish, the DHS employee will press 1. Otherwise, the DHS employee will press 2 and speak the name of the language when prompted.

The DHS employee may then either press 0 or stay on the line for assistance.

The DHS employee will then communicate the following information to the Language Line representative:

- o Client ID:
- o Organization Name: Hawai'i Department of Human Services
- o Personal Code: Phone extension and the DHS 2 to 5 letter abbreviation of the particular division/office within DHS.

An interpreter will then be connected to the call.

Then, the DHS employee will (1) brief the interpreter about the situation by summarizing what the employee wishes to accomplish, and (2) convey any special instructions to the interpreter.*

When discussion between the client and the interpreter is finished, or when the DHS employee is prompted, the DHS employee will then speak to the interpreter to find out what the client needs.

The cost of the oral interpretation services shall be borne by the division.

At the end of the transaction, the DHS employee shall complete a Service Log entry, detailing the date of the call, the start and end times, originating phone number and the language involved. A sample page of the Service Log is in Attachment E. All DHS offices/divisions shall compile the information from the daily Services Logs and submit a monthly Service Log for the office/division to the LEP Plan Coordinator within fifteen (15) days after the end of each month.

* If the speaker phone feature is available on the DHS's employee's phone, then the speaker phone feature should be used to allow both the LEP individual and DHS client to be on the line at the same time.

Attachment F

No Interpreter Available or Language Not Listed on Poster

If the Language Line representative indicates that Language Line does not have an available interpreter and the language is listed on the LEP Poster (Attachment C),* the DHS employee can contact the interpreter services listed on Attachment G for assistance. Attachment G is a list of interpreter/translation services compiled by the LEP Plan Coordinator.

As in the case of Language Line, at the end of the transaction, the DHS employee shall complete a Service Log entry (Attachment E). All DHS offices/divisions shall complete the Services Log and submit the Service Log to the LEP Plan Coordinator within fifteen (15) days after the end of each month.

Further, if the language that the client speaks is not listed on the LEP Plan poster (Attachment C), the DHS employee servicing the LEP individual shall contact the LEP Plan Coordinator and proceed as instructed. The LEP Plan Coordinator shall contact the administrator of the division servicing the LEP individual, and the LEP Plan Coordinator and the administrator of the division shall decide whether to grant the request, in whole or in part, by using the four-factor analysis discussed in the "Relevant Factors" section.

Telephone Calls

Should a DHS employee receive a telephone call from a LEP customer or a representative of a LEP individual needing oral translation, the DHS employee should encourage that LEP individual to come into the DHS employee's office, so that oral interpretation services may be arranged.

* Should a LEP individual require sign language services, the DHS employee may go directly to Attachment G and make the necessary arrangements for sign language interpreter services.



DISABILITY AND COMMUNICATION ACCESS BOARD

919 Ala Moana Boulevard, Room 101 - Honolulu, Hawaii 96814
Ph. (808) 586-8121 (V/TDD) - Fax (808) 586-8129

Communication Access Providers as of 2/28/2006

- 1.) Agencies and businesses who employ communication access providers are encouraged to review Hawaii Administrative Rules, Title 11, Chapter 218 (as explained in the DCAB Fact Sheet) for general guidelines, recommended fee schedules and an explanation of credentials and certification levels.
- 2.) This list is provided as a convenience for state agencies, other public agencies, and private businesses who employ communication access providers. Inclusion on this list does not represent an endorsement or recommendation of the provider by DCAB.
- 3.) Providers included on this list have given DCAB written permission to publish the included information. Responsibility for the accuracy of the information remains with the provider.
- 4.) Agencies and businesses who employ any of these providers are encouraged to verify that the provider's certification or other professional credentials are current as of the date of employment. (If a provider has submitted current copies of their credentials to DCAB, an asterisk* appears next to their credential.)
- 5.) Communication access providers are usually employed as independent contractors. All terms and conditions of such employment should be negotiated between the contractor and the hiring agency.
- 6.) Agencies and businesses with limited experience in the direct employment of sign language interpreters are encouraged to use a professional referral service such as Hawai'i Services on Deafness.
- 7.) This list has been customized to meet the needs of your request. Information is current as of 2/28/2006. Please contact DCAB if this list is more than 30 days old.

Name and Certification

Telephone and Email

Mailing Address

Baird, Darlene L.

Interpreter_Sign
Certification: HQAS V*
Expires: 6/30/2008
No Courts or Legal Appts

Cell: 352 2246
Bus. Email: pukapantz@hotmail.com

Oahu
84-550 Nukea St
Waianae, HI 96792

Bownds, Beverly K.

Interpreter_Sign
Certification: RID CSC
EXPIRED: 6/30/2005

Cell: 389 8997
Bus. Email: bevsignasl@yahoo.com

Oahu

Fried, Jan

Interpreter_Sign
Certification: RID IC CI&CT
EXPIRED: 6/30/2003

Res. Tel: 734-5889 V/T
Pager: 288-7928
Fax: 734-9893
Pers. Email: janfried@hotmail.com

Oahu
1731 Mikahala Way
Honolulu, HI 96816
Availability: Part Time

Communication Access Providers as of 2/28/2006

Name and Certification	Telephone and Email	Mailing Address
<hr/>		
Howard, Kathy GA-to-SK Professional Interpreting Svcs Interpreter_Sign Certification: RID CI&CT EXPIRED: 6/30/2004	Bus. Email: howardkat@msn.com	<i>Oahu</i> P.O. Box 22519 Honolulu, HI 96823-2519
<hr/>		
Jackson, Debbie Interpreter_Sign Certification: RID CSC* Expires: 6/30/2006	Res. Tel: 239-6163 V/T Cell: 392-2549 Bus. Email: dleighjackson@hotmail.com	<i>Oahu</i> Availability: Part Time After 4:00 pm Mon-Fri and all day on Weekends
<hr/>		
No Performing Arts Assignments		
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Kern, Ku Mei Butler Interpreter_Sign Certification: HQAS V* Expires: 8/1/2010	Res. Tel: 808 969 3193 Cell: 808 896 9059 Pers. Email: kooshmabob@yahoo.com	<i>Hawaii</i> 19A Aina St. Hilo, HI 96720
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Kroe-Unabia, Susan Interpreter_Sign Certification: RID CI&CT EXPIRED: 6/30/2004	Res. Tel: 396-1800 V/T Bus. Email: susankroe@aol.com	<i>Oahu</i>
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Lambrecht, Linda Interpreter_Deaf_Relay Certification: RID RSC CLIP:R EXPIRED: 6/30/2004	Bus. Tel: 808-239-7660 V/T/F Pager: 808-255-4979 Bus. Email: linje40s@hotmail.com Pers. Email: aslteal@tmail.com (mobile)	<i>Oahu</i> Availability: Part Time Spring 2002 MWF 8-11am; TTH 8am-2pm
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Note: Relay Interpreter must be teamed with hearing interpreter.		
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Lani, Tamar Terpreting Connection Interpreter_Sign Notetaker Certification: RID CI&CT EXPIRED: 6/30/2003	Bus. Tel: 808-537-5933 Res. Tel: 808-537-5933 Bus. Email: tamarlani@verizonmail.com Pers. Email: tamar_costa@juno.com	<i>Oahu</i> P.O. Box 1380 Kaneohe, HI 96744-1380
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Love, Mary Rose Mary R. Love Inc. Interpreter_Sign Certification: RID CI&CT EXPIRED: 6/30/2003	Res. Tel: 808 291 9146 Bus. Email: marylove999@hotmail.com Pers. Email: mary.love7@verizon.net	<i>Oahu</i> 409 Portlock Rd Honolulu, HI 96825
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Communication Access Providers as of 2/28/2006

Name and Certification	Telephone and Email	Mailing Address
<hr/>		
McDonald, Loretta Ann		<i>Oahu</i>
Interpreter_Sign Certification: RID CSC EXPIRED: 6/30/2004 No Performing Arts Assignments	Res. Tel: 947-7640 V/T/Fax Pers. Email: chuandme@juno.com	Availability: Part Time
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Miehlstein, Valerie		<i>Oahu</i>
Island Skill Gathering (ISG, Inc.) Interpreter_Sign Certification: RID CI&CT* Expires: 6/30/2007 No Courts or Legal Appts No Performing Arts Assignments	Res. Tel: 808-732-4622 V/T Bus. Email: isg@aloha.net	3472 Kanaina Avenue Honolulu, Hi 96815 Availability: Part Time
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Morris, Michele		<i>Oahu</i>
Interpreter_Sign Certification: RID CI&CT* Expires: 6/30/2006 No Courts or Legal Appts	Cell: 808-284-0402	91-1029 Ahuua St. Ewa Beach, Hi 96706
<hr/>		
Nakamoto, Lynn		<i>Oahu</i>
Interpreter_Sign Certification: RID CSC* Expires: 6/30/2008	Cell: 551-3778 Bus. Email: nakamoto@verizon.net	4490 Luaole St. Honolulu, Hi 96818
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Park Okuna, Inga		<i>Oahu</i>
Interpreter_Sign Certification: RID CSC EXPIRED: 6/30/2003	Bus. Email: ingapark@tmail.com	Availability: Part Time
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Sakal, Patty		<i>Oahu</i>
Interpreter_Sign Certification: HQAS V* Expires: 4/30/2010	Res. Tel: 486-1797 Cell: 808-223-5841 Pager: 808-686-0013 Bus. Email: 6860013@islandpage.com Pers. Email: sakalp002@hawaii.rr.com	98-410 Koauka Loop No. 20J Aiea, Hi 96701
<hr/>		
Sapko, Regina		<i>Oahu</i>
Interpreter_Sign Certification: RID CI&CT EXPIRED: 6/30/2003	Cell: 808-429-3553 Bus. Email: reginaclare@hotmail.com	PO Box 22701 Honolulu, Hi 96823-2701
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Thorpe, Malina Steffanie Dravis		<i>Hawaii</i>
Interpreter_Sign Certification: NAD V EXPIRED: 6/30/2004	Res. Tel: 808-966-7840 Cell: 808-936-0046	HCR3 Box 11087 Keaau, HI 96749
<hr/>		

Communication Access Providers as of 2/28/2006

Name and Certification	Telephone and Email	Mailing Address
Trujillo, Tara Interpreter_Sign Certification: RID CI&CT* Expires: 6/30/2006	Cell: 808 557 1616 Bus. Email: tarawolf@hotmail.com	Hawaii 2033 Kaiwika Road Hilo, HI 96720
Wallace, Scott Interpreter_Sign Certification: RID CI&CT EXPIRED: 6/30/2003	Bus. Email: scottcict@aol.com	Oahu 44-663 Kuono Place Kaneohe, HI 96744
Blake, Jenny Stanton Interpreter_Sign Certification: HQAS IV* Expires: 4/30/2006	Res. Tel: 239-8953 V/TTY Pager: 277-0785 Bus. Email: codasign@aol.com	Oahu
Collier, Cathie L. Colliers Interpreter Services Interpreter_Sign Certification: RID CI EXPIRED: 6/30/2003	Bus. Email: smile4cathie@aol.com	Oahu
Cooper, Kennedy L. Interpreter_Sign Certification: HQAS IV* Expires: 5/31/2007 No Courts or Legal Appts	Cell: 808-381-8378 Bus. Email: kennedyclm@yahoo.com	Oahu Akinson Tower No. 404 419-Atkinson Drive Honolulu, HI 96814
Doran, Jean-Marie T. Interpreter_Sign Certification: HQAS IV* Expires: 2/28/2010	Cell: 808 989 2522 Pers. Email: jmdterp@hotmail.com	Hawaii P.O. Box 10937 Hilo, HI 96721
Fischer, Susan Interpreter_Sign Certification: RID CT EXPIRED: 6/30/2004	Res. Tel: 808 732-3954 Cell: 808 282 3350 Bus. Email: hulasusan@hotmail.com	Oahu 4840 Kilauea Ave. #3 Honolulu, HI 96816

Communication Access Providers as of 2/28/2006

Name and Certification	Telephone and Email	Mailing Address
<i>Fogarty, Maureen</i> Interpreter_Sign Certification: RID CT EXPIRED: 6/30/2003	Cell: 505-550-7788 Pers. Email: mofogarty@yahoo.com	<i>Maui</i> PO Box 12857 Lahaina, HI 96761-7857 Availability: Part Time After school hours (May be Off- Island in summer.)
No Courts or Legal Appts		
<i>Goodhue, Eliza Wright</i> Interpreter_Sign Certification: HQAS IV* Expires: 11/30/2009	Res. Tel: 808 572-2173 Pers. Email: elizaflower@yahoo.com	<i>Maui</i> Availability: Part Time
<i>Haynesworth, Alycen</i> Interpreter_Sign Certification: RID CI* Expires: 6/30/2006	Res. Tel: 808 895 8918	<i>Hawaii</i>
No Courts or Legal Appts		
<i>Hiraga, Martin</i> Interpreter_Sign Certification: RID CI EXPIRED: 6/30/2005	Bus. Tel: 808 428 8100 Res. Tel: 301 588 1473 Cell: 202 460 4747 Pager: chino@tmail.com Bus. Email: mhiraga@aol.com	<i>Oahu</i>
No Performing Arts Assignments		
<i>Kia, Rosalind</i> Interpreter_Sign Certification: HQAS IV* Expires: 9/30/2007	Res. Tel: 808-988-6801 V/TTY Cell: 808-255-6379 Bus. Email: rozkia@tmail.com (Pager) Pers. Email: rozkia@aol.com	<i>Oahu</i>
<i>McEvoy, Colleen</i> Interpreter_Sign Certification: HQAS IV* Expires: 6/1/2010	Cell: 917 334-2897 Bus. Email: mcevoy@hawaii.edu Pers. Email: cmcevoy1@nyc.rr.com	<i>Oahu</i>
<i>Miller, Linda G.</i> ASL/ENG Interpreting Services Interpreter_Sign Certification: HQAS IV* Expires: 7/31/2006	Res. Tel: 808-735-7111 Cell: 808-342-9095 Bus. Email: lindagmiller52@yahoo.com	<i>Oahu</i> 4114 Maunaloa Ave Honolulu, HI 96816-4525

Communication Access Providers as of 2/28/2006

Name and Certification	Telephone and Email	Mailing Address
<i>Palmer, Stephen C.</i> Interpreter_Sign Certification: NAD IV	Bus. Tel: 808-428-0734 Res. Tel: 808-428-0734 Bus. Email: singingasl@hotmail.com	<i>Oahu</i> P.O. Box 971806 Waipahu, HI 96797
<i>Tawasha, Lori</i> Interpreter_Sign Certification: RID CI	Res. Tel: 808 874 8398	<i>Maui</i> Availability: Part Time
<i>Christian, Amanda Jean</i> Interpreter_Sign Certification: HQAS III* Expires: 4/30/2007	Res. Tel: 808 836 6727 Cell: 808 351 9954 Pers. Email: manaki201@yahoo.com	<i>Oahu</i> 2936 Noonan St. Honolulu, HI 96818
<i>Licciardo, Susan C.</i> SuSigns Interpreter_Sign Certification: HQAS III* Expires: 10/31/2006 No Medical Appts No Courts or Legal Appts	Bus. Tel: 808-372-9456 Cell Fax: 808-396-1458	<i>Oahu</i> Availability: Part Time
<i>Linter, Vicki</i> Interpreter_Sign Certification: RID IC&TC EXPIRED: 6/30/2003	Bus. Tel: (808) 935-8535 ext.13 Res. Tel: (808) 965-0289 Bus. Email: vickilinter@hotmail.com	<i>Hawaii</i> Availability: Part Time Mon-Fri 8:30-9:30 am and 11:00 am to 1:00 pm
No Performing Arts Assignments		
<i>Wong, Darlene W.L.</i> Interpreter_Sign Certification: HQAS III* Expires: 8/1/2007	Cell: 384 0940 Pers. Email: pochacs074@yahoo.com	<i>Oahu</i> Availability: Part Time

Language Interpretation/Translation Providers

- **BILINGUAL ACCESS LINE (Oral interpretation & written translation)**
Helping Hands of Hawai'i
2100 N. Nimitz Hwy.
Honolulu, HI 96813
Ph: 808-526-9724
- **PACIFIC GATEWAY CENTER (Oral interpretation & written translation)**
720 N. King St.
Honolulu, HI 96817
Ph: 845-3918
- **DISABILITY & COMMUNICATION ACCESS BOARD (Sign Language)**
Certified List of individual providers (see attached)
- **LIBRARY FOR THE BLIND & PHYSICALLY HANDICAPPED (Braille services)**
402 Kapahulu Ave.
Honolulu, HI 96815
Ph: 733-8444(TTY/Voice)